### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

	1		1			FOOD S	ERVICE ESTA	BL	ISH	ME	NT	r IN	ISP	EC	TIC	ON REPORT	sco	RE		
ß			S.S.														<b>A C</b>			
Estal	blishn	neni	t Narr	ne i	Little Sprou	ts FS						_				Farmer's Market Food Unit Permanent O Mobile	10			
Addr					1304 Jones	Blvd.					_	Typ	e of E	stabli	shme	O Temporary O Seasonal				/
City					Murfreesboi	<u>`0</u>	Time in	11	·2	2 A	M			. т.		t <u>11:45;AM</u> AM/PM				
		_			$0/1/11/20^{\circ}$	2/1	ment # 60525229					-			ne or	A 11.10,7.101 AM/PM				
Inspe								0		-			d <u>0</u>		~	[			_	
			specti		Routine	O Follow-up	O Complaint			O Pre	limin	ary				nsuitation/Other			30	
Risk	Cate				O 1 ors are food pre	paration prac	O3 tices and employee	beha		04 8 mo	st co	mm	only			up Required O Yes 🗮 No I to the Centers for Disease Cont	Number of S	eats tion	50	
			_	as c	ontributing fac	tors in foodbo	me illness outbreak	s. P	ublic	: Hea	ith I	inter	vent	ions	are	control measures to prevent illne	ess or injury.			
		(11	rk des	Ignat	ed compliance stat		BORNE ILLNESS RI O) for each numbered item									INTERVENTIONS ach liem as applicable. Deduct points for e	ategory or subcate	gory.)		
IN-	in con	npiie	nce		OUT=not in complia						\$=con	recter	d on-si	te duri	ng ins	pection R=repeat (violation of th			. 1	
	IN O	υт	NA	NO	Com	pliance Statu Supervisio		cos	R	WT	h		010		NO	Compliance Status Cooking and Reheating of Time/		cos	R	WT
-	-	0					rates knowledge, and	0	0	5			OUT			Control For Safety (TCS)	Foods	~	~	
	IN O	UT	NA	NO	performs duties	Employee He						0		<u>×</u> 0		Proper cooking time and temperatures Proper reheating procedures for hot hok	ling	00	8	5
		8			Management and Proper use of rest		wareness; reporting	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking a Public Health Contr				
	_	_	NA			od Hygienic Pr		ľ		-	18	0	0	0	X	Proper cooling time and temperature	01	0	0	_
4		8	-		Proper eating, tast No discharge from			8	0	5		0 )33			*	Proper hot holding temperatures Proper cold holding temperatures		0	8	
	IN O		NA	NO	Prevent	ing Contamina					21	0			23	Proper date marking and disposition		0	0	5
-		0	0	0		act with ready-to	eat foods or approved	0	0 0	5	22		0	×		Time as a public health control: procedu		0	0	
8		0	-	-	alternate procedur Handwashing sink	s properly suppli		-	0	2	23	IN O	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and		0	0	4
_	N O	_	NA	_	Food obtained from	Approved South n approved south		0	0	-		-	OUT	NA	NO	food Highly Susceptible Popula	tions	<u> </u>	-	-
	0		0	>	Food received at p Food in good cond	voper temperatur	:e	0	0	5	24	0	0	83		Pasteurized foods used; prohibited foods	s not offered	0	0	5
	_	ŏ	×	0	Required records a			ŏ	ŏ		H	IN	OUT	NA	NO	Chemicals				
	IN O	UT	NA	NO		ction from Con	tamination					0	0	X		Food additives: approved and properly u		0	<u> </u>	5
13 14		읽	읭		Food separated an Food-contact surfa		d sanitized	8	8	4	26	<u>実</u> IN	O OUT	NA		Taxic substances properly identified, sto Conformance with Approved F		0	0	
		0	_		Proper disposition served	of unsafe food, r	eturned food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized p HACCP plan	rocess, and	0	0	5
			_	-									-						_	_
				GOO	d Retail Practic	es are preve	tive measures to co						<u> </u>		gens	, chemicals, and physical object	s into foods.			
				00	F=not in compliance		COS=corre	cted o	n-site	a ( ) during			IGR			R-repeat (violation of the sam				
	10	UT				pliance Status Food and Wate		COS	R	WT		0	UT			Compliance Status Utensils and Equipment		COS	R	WT
28 29					d eggs used where ice from approved			8	8	1	45	5 (				nfood-contact surfaces cleanable, proper and used	1y designed,	0	0	1
30					btained for special			ŏ	ŏ	1	46	5 (	-			g facilities, installed, maintained, used, te	st strips	0	0	1
31			Prope	er coo			ment for temperature	0	0	2	47	, ,	D N	onfoo	d-con	tact surfaces clean		_	0	1
32		-	Contro		properly cooked fo	r hot holding	-	0			48		UT D H	ot and	Loold	Physical Facilities water available; adequate pressure		0	0	2
33	-	0	Appro	oved	thawing methods u	sed		0	0	1	49		D PI	lumbir	ng ins	stalled; proper backflow devices		0	0	2
34	_	O JUT	rhem	nome	ters provided and Feet	accurate I Identification	I	0	0	1	50	_	-			waste water properly disposed is: properly constructed, supplied, cleane	d		0	2
35		0	Food	prop	erly labeled; origina	al container; requ	ired records available	0	0	1	52	2 (	<b>)</b> G	arbag	e/refu	use properly disposed; facilities maintaine	d	_	0	1
	-	UT				of Food Contan	nination				53	_	-			lities installed, maintained, and clean		_	0	1
36		익	Insec	ts, ro	dents, and animals	not present		0	0	2	54	• •	<b>D</b>   A	dequa	de ve	ntilation and lighting; designated areas u	sed	0	이	1
37		_				ing food preparat	ion, storage & display	0	0	1		-	UT			Administrative Items		- 1	- 1	
38		-			leanliness ths; properly used :	and stored		0	0	1	55					nit posted inspection posted		0	0	0
40	_	O JUT	Wash	ning fr	ruits and vegetable	s TUse of Utensi		0				-	-	_	_	Compliance Status Non-Smokers Protection	Art	YES	NO	WT
41		0			nsils; properly store	d			2		57					with TN Non-Smoker Protection Act	- AA	ह्य	읽	_
42	- 1	0	Single	e-use	quipment and liner /single-service arti				0	1	58 59					ducts offered for sale oducts are sold, NSPA survey completed	1	0	00	0
44					ed properly				0										_	
servic	e est	ablis	hment	t perm	sit. Items identified a	s constituting immi	nent health hazards shall b	e corre	cted i	mmedi	ately o	or ope	ration	s shall	ceas	Repeated violation of an identical risk factor e. You are required to post the food service of the service of the service of t	establishment permit	in a c	onspi	cuous
							us manner. You have the rig 8-14-711, 68-14-715, 68-14-7			c a hea	ning ri	egard	ing thi	s repo	n by f	lling a written request with the Commissioner	within ten (10) days	of the	date	of this
5	こ	μ	ĺ	p.	Charge		04/1	L1/2	024	ŀ					$\mathcal{V}_{j}$	<u> </u>	C	)4/1	1/2	024
Sign	ature	of	Perso	on In	Charge				[	Date	Sig	natu	re of	Envir	onme	ental Health Specialist				Date
						A deliking of fear	a selete information as a	A	and a			- Mar		-		and the fact of a fact of a section of the section				

-	Additional food safety information can be found on our website, http://th.gowneaith/article/en-foodservice ****
	Free food safety training classes are available each month at the county health department

PH-2267 (Rev. 6-15)	Free food safety training ck	RDA 629		
(1000 (1001 0-10))	Please call (	) 6158987889	to sign-up for a class.	101020

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

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Establishment Name: Little Sprouts FS Establishment Number # 605252290

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Garage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
3 comp not set up	CI		

Equipment Temperature	
Description	Temperature (Fahrenheit)
Fridge	40

esoription	State of Food	Temperature ( Fahrenheit

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Little Sprouts FS

Establishment Number : 605252290

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Pic has knowledge
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: No tasks performed requiring it but discussed good hand washing practices.

7: No tasks performed requiring them but discussed examples of scenarious where they would be required.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use. 9: See Source

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed no tcs foods in cooling process during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs foods held during inspection
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes. 57:
- 58:

\*\*\*See page at the end of this document for any violations that could not be displayed in this space.

Additional Comments See last page for additional comments.

# Establishment Information

Establishment Name: Little Sprouts FS

Establishment Number: 605252290

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

# Establishment Information Establishment Name: Little Sprouts FS

Establishment Number #: 605252290

Sources			
Source Type:	Food	Source:	Mitchell neilson
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Comme	ents		

Hillary.mastin@cityschools.net