## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

				Fat Mo's Farmer's Market Food Unit											) (	`						
Establishment Name			ne	Fat Mo's Type of Establishment O Mobile 1334 W. Main St.														J				
Addr	655				Lebanon	viai				(	13.7	17						• Temporary • Se ut 03:57; PM A				
City					04/15/2	02	1			_	5.4	+/:_		_			me o	ut <u>05.57</u> ; <u>FIM</u> A	M/PM			
Inspe							_					_	Emb		d L			and the follow				
Purp				tion	ORoutine		戀 Follow	v-up	O Com	plaint			relimi	nary				nsuitation/Other	22 Mar Maria		28	2
Risk	Cat		-			prepa							ost c			y repo	ortec	to the Centers for Dise	ase Control and Pr		20	
				as c	ontributing f	actor				_	_	_		_				control measures to pr	event illness or inju	у.		
		(1	ırk de	algaa	ted compliance s	status (												INTERVENTIONS ach liom as applicable. Deduc	t points for category or s	boategory	.)	
IN	in ca	ompili	ance		OUT=not in comp		NA=no ance St		e NO=not o		SIR	C WT		mecte	d on-s	site duri	ing ins	pection Rerepeat ( Compliance State	riolation of the same code :		R	WT
Τ	IN	OUT	NA	NO			Superv					-	11	IN	ουτ	NA	NO	Cooking and Reheating	g of Time/Temperatu	_		
1	0	0			Person in charge performs duties		sent, dem	nonstrates	knowledge, a	<sup>nd</sup> C		5		6 0			0	Control For Safe Proper cooking time and tem	peratures	0	0	6
2			NA	NO	Management a			e Health		, 0	010	2	1 17	7 0	0	0	0	Proper reheating procedures Ceeling and Heiding, Da			0	•
3	0	0			Proper use of r						0	5		IN	ουτ	NA	NO	a Public He	•••			
	IN O		NA	NO	Proper eating, t			ic Practic						8 O 9 O	0			Proper cooling time and tem Proper hot holding temperate			0	
5	0	0	NA		No discharge fr	rom ey	es, nose,	, and mou		Ż	ő	5	2		0	0		Proper cold holding temperat Proper date marking and dis	tures	8		5
6	0	0		0	Hands clean an	nd prop	perly was	shed					2	_	ō	ō		Time as a public health contr			ō	
	의	0	0	0	No bare hand o alternate proce	dures	followed					2	ΙÞ	IN	OUT	NA	NO	Consume		_		
	IN	OUT	NA	NO	Handwashing s	A	pproved	d Source					23	-	0	0		Consumer advisory provided food		° 0	0	4
10	0		0	0	Food obtained Food received					- 0		ศ	24	1N 4 O	001	NA	NO	Highly Suscepti Pasteurized foods used; prof		0	0	6
11 12	0	0 0	0	0	Food in good of Required record						_	_	۱۴	IN	OUT	-	NO		licels	Ť	<u> </u>	Ĵ
H	IN	OUT	NA	NO	destruction Pre	otecti	on from	Contam	ination		10	<u> </u>	25	5 0	0		n.v	Food additives: approved an		0	0	
13 14					Food separated Food-contact s				itized			) 4 ) 5	24	6 O	0	NA	NO	Toxic substances properly id Conformance with A	entified, stored, used pproved Procedures	0	0	•
15	-	0	-		Proper disposit served							2	27	7 0	0	0		Compliance with variance, s HACCP plan		0	0	5
				-																	-	
				GOO	d Retail Prac	ctices	i are pri	eventive	) measures			R ar A					gens	, chemicals, and physic	al objects into food	<b>.</b>		
				00	T=not in complian			-	COS	-corrected	on-sit	te durir	g insp			0			on of the same code provis		10	WT
	_	OUT			Compliance Status Safe Food and Water						COS R W1			Compliance Status OUT Utensils and Equipment			pment					
28					ed eggs used where required d ice from approved source				8	0 1	114	15				nfood-contact surfaces clean and used	able, properly designed,	0	0	1		
30	_	0 OUT		ance	obtained for spec						0	1	1 🗖	16	18 V	Narew	ashin	g facilities, installed, maintain	ed, used, test strips	0	0	1
31	-	0	Prop		Feed Temperature Control coling methods used; adequate equipment for temperature						0	2	112	_	-	Vonfoo	d-cor	ntact surfaces clean		0	0	1
32		-	cont		properly cooked	d for h	ot holding	-			5 0			_	UT O	lot and	1 cold	Physical Facilit water available; adequate pr		0	0	2
33		0	Appr	roved	thawing method	ds used	d					) 1	112	19	ŌF	Numbi	ng ins	stalled; proper backflow devic-	85	0	0	2
34	_	OUT		mom	eters provided a		curate dentifica	tion			0	0 1						waste water properly dispose es: properly constructed, supp		0	0	2
35	,	0	Food	d prop	erly labeled; orig	iginal o	ontainer;	required r	records availat	ole C	0	1	1 -	_				use properly disposed; facilitie		0	0	1
		OUT			Preventio	on of I	feed Co	ntamina	tion		_	_		53	O F	hysica	al faci	lities installed, maintained, an	d clean	0	0	1
36	:	0	Inse	cts, ro	dents, and anim	nais no	t present	1		(	0	2	Ŀ	54	0 /	Adequa	ite ve	ntilation and lighting; designa	ted areas used	0	0	1
37	'	X	Cont	tamin	ation prevented	during	food preg	paration, s	storage & displ	lay C	>   o	1		4	TUK			Administrative P	tems			
38		-	-		leanliness ths: properly us	ied and	d stored											nit posted inspection posted		0	00	0
40	2	0	Was		ruits and vegeta	ables						1	ĺĖ	~	<u> </u>	1005110	ocin.	Compliance Sta		YES	NO	WT
41	_	OUT S	_	se ute	Pre nsils; properly st		ise of Ut	ensils				0 1		57	-	Somoli	ance	Non-Smokers P with TN Non-Smoker Protect		- 32	0	
42	:	0	Uten	sils, e	quipment and li	inens;				(		) 1	1 🗖	58		lopacc	o pro	ducts offered for sale		0	0	0
4	_				s/single-service ed properly	articles	s; propert	ly stored, i	used			0 1	ļĿ	9	1	ftobac	co pr	oducts are sold, NSPA surve	y completed	0	0	
																		Repeated violation of an identic				
mann	er ar	nd po	st the	most	recent inspection	report	in a consp	picuous ma	mmer. You have	the right t	o requ	est a h						e. You are required to post the f lling a written request with the C				
report. T.C.A. sections (8-14-70), 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.																						
-	• ا	$\leq$	~	-1-	to	$\sim$				04/15/	202	_		_	+	jev	y	-10027		04/	15/2	2024
Sign	atur	re of	Pers	ion In	Charge							Date		-				ental Health Specialist				Date
						A			,						· ·			ealth/article/eh-foodservik inty health department.	e ****			
PH-2	267 (	(Rev.	6-15)	)			110010		ise call (			444			UNIT			p for a class.			R	DA 629

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



#### Establishment Information

Establishment Name: Fat Mo's Establishment Number #: 605220408

#### 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 Maohine Name Sanitizer Type PPM Temperature ( Fahrenheit)

Equipment Temperature							
Description	Temperature (Fahrenheit)						
	7						

Food Temperature	State of Food	Temperature (Fahrenheit

bserved Violations	
ital # 4	
appealed # 0	
7:	
1.	
1:	
5:	
1:	

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



# Establishment Information

Establishment Name: Fat Mo's

Establishment Number : 605220408

## Comments/Other Observations

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.

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

# Establishment Information

Establishment Name: Fat Mo's

Establishment Number : 605220408

Comments/Other Observations (cont'd)

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

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SourcesSource Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:Source Type:Source:

#### **Additional Comments**