

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

|                        |            | _ |
|------------------------|------------|---|
| ner's Market Food Unit |            |   |
| manent O Mobile        | <b>%</b> ( |   |

SCORE

O Fam Regal Cinemas: Main Concession Establishment Name @ Perr Type of Establishment 3815 Green Hills Village Dr. O Temporary O Seasonal Address Nashville Time in 01:45 PM AM / PM Time out 02:15; PM 10/20/2021 Establishment # 605126086 Embargoed 0 Inspection Date O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other

Risk Category Follow-up Required 级 Yes O No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 12 | ¥=in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed  |   | 0             |
|----|--------|-------|------|----|---|-----|---|---------------|
|    |        |       |      |    | Compliance Status   | cos | R | WT            |
|    | IN     | OUT   | NA   | NO | Supervision   |     |   |               |
| 1  | 盔      | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5             |
|    | IN     | OUT   | NA   | NO | Employee Health   |     |   |               |
| 2  | 100    | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 | $\overline{}$ |
| 3  | ×      | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5             |
|    | IN     | OUT   | NA   | NO | Good Hyglenic Practices   |     |   |               |
| 4  | *      | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 |               |
| 5  | *      | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | 0             |
|    | IN     | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |               |
| 6  | 黨      | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |               |
| 7  | េ      | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5             |
| 8  | 0      | X     |      |    | Handwashing sinks properly supplied and accessible  | ×   | 0 | 2             |
|    | IN     | OUT   | NA   | NO | Approved Source   |     |   |               |
| 9  | 嵩      | 0     |      |    | Food obtained from approved source  | 0   | 0 |               |
| 10 | 0      | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 |               |
| 11 | ×      | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5             |
| 12 | 0      | 0     | Ж    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |               |
|    | IN     | OUT   | NA   | NO | Protection from Contamination   |     |   |               |
| 13 | Ŕ      | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4             |
| 14 | ×      | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5             |
| 15 | ×      | 0     |      |    | roper disposition of unsafe food, returned food not re-                                   |     | 0 | 2             |

|    | Compliance Status |     |    |     |   |   |   | WT |  |
|----|-------------------|-----|----|-----|---|---|---|----|--|
|    | IN                | OUT | NA | NO  | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods  |   |   |    |  |
| 16 |                   | 0   | 0  | ×   | Proper cooking time and temperatures                                      | 0 | 0 | 5  |  |
| 17 | 0                 | 0   | 0  | 300 | Proper reheating procedures for hot holding                               | 0 | 0 | ٠  |  |
|    | IN                | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control |   |   |    |  |
| 18 | 0                 | 0   | X  | 0   | Proper cooling time and temperature                                       | 0 | 0 |    |  |
| 19 | ×                 | 0   | 0  | 0   | Proper hot holding temperatures   | 0 | 0 |    |  |
| 20 | 200               | 0   | 0  |     | Proper cold holding temperatures  | 0 | 0 | 5  |  |
| 21 | *                 | 0   | 0  | 0   | Proper date marking and disposition                                       | 0 | 0 | *  |  |
| 22 | 0                 | 0   | ×  | 0   | Time as a public health control: procedures and records                   | 0 | 0 |    |  |
|    | IN                | OUT | NA | NO  | Consumer Advisory   |   |   |    |  |
| 23 | 0                 | 0   | ×  |     | Consumer advisory provided for raw and undercooked<br>food                | 0 | 0 | 4  |  |
|    | IN                | OUT | NA | NO  | Highly Susceptible Populations  |   |   |    |  |
| 24 | 0                 | 0   | M  |     | Pasteurized foods used; prohibited foods not offered                      | 0 | 0 | 5  |  |
|    | IN                | оит | NA | NO  | Chemicals   |   |   |    |  |
| 25 | 0                 | 0   | 3% |     | Food additives: approved and properly used                                | 0 | 0 | 5  |  |
| 26 | 菜                 | 0   |    |     | Toxic substances properly identified, stored, used                        | 0 | 0 | ,  |  |
|    | IN                | OUT | NA | NO  | Conformance with Approved Procedures                                      |   |   |    |  |
| 27 | 0                 | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan          | 0 | 0 | 5  |  |

#### s, chemicals, and physical objects into foods.

|    |     | OUT=not in compliance COS=con  | ected or | 1-site | du       |
|----|-----|--|----------|--------|----------|
|    |     | Compliance Status  | cos      |        | _        |
|    | OUT | Safe Food and Water  |          | _      | _        |
| 28 | 0   | Pasteurized eggs used where required                                       | 0        | 0      | г        |
| 29 | 0   | Water and ice from approved source   | 0        | 0      |          |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0        | 0      | <u> </u> |
|    | OUT | Food Temperature Control   |          |        |          |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0        | 0      |          |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0        | 0      | Г        |
| 33 | 0   | Approved thawing methods used  | 0        | 0      | 1        |
| 34 | 0   | Thermometers provided and accurate   | 0        | 0      | Г        |
|    | OUT | Food Identification  |          |        |          |
| 35 | 0   | Food properly labeled; original container; required records available      | 0        | 0      | ,        |
|    | OUT | Prevention of Food Contamination   |          |        |          |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0        | 0      | :        |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0        | 0      | 1        |
| 38 | 0   | Personal cleanliness   | 0        | 0      | Г        |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0        | 0      | Ε.       |
| 40 | 0   | Washing fruits and vegetables  | 0        | 0      | Г        |
|    | OUT | Proper Use of Utensils   |          |        |          |
| 41 | 0   | In-use utensils; properly stored   | 0        | 0      | Г        |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0        | 0      |          |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0        | 0      | Г        |
| 44 | 10  | Gloves used properly   | 0        | 0      |          |

| pecti |     | R-repeat (violation of the same code provision)  Compliance Status                        | cos  | R  | W   |
|-------|-----|---|------|----|-----|
|       | OUT | Utensils and Equipment  | _    |    |     |
| 45    | 0   | Food and norifood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0    | 0  | 1   |
| 46    | 0   | Warewashing facilities, installed, maintained, used, test strips                          | 0    | 0  | 1   |
| 47    | 0   | Nonfood-contact surfaces clean  | 0    | 0  | 1   |
|       | OUT | Physical Facilities   |      |    |     |
| 48    | 0   | Hot and cold water available; adequate pressure   | 0    | 0  | 2   |
| 49    | 0   | Plumbing installed; proper backflow devices   | 0    | 0  | 2   |
| 50    | 0   | Sewage and waste water properly disposed  | 0    | 0  | - 2 |
| 51    | 0   | Toilet facilities: properly constructed, supplied, cleaned                                | 0    | 0  | 1   |
| 52    | 0   | Garbage/refuse properly disposed; facilities maintained                                   | 0    | 0  | 1   |
| 53    | 0   | Physical facilities installed, maintained, and clean                                      | 0    | 0  | 1   |
| 54    | 0   | Adequate ventilation and lighting; designated areas used                                  | 0    | 0  | 1   |
|       | OUT | Administrative Items  |      |    |     |
| 55    | 0   | Current permit posted   | ि    | 0  | Г   |
| 56    | 0   | Most recent inspection posted   | 0    | 0  | _`  |
|       |     | Compliance Status   | YES  | NO | W   |
|       |     | Non-Smokers Protection Act  |      |    |     |
| 57    |     | Compliance with TN Non-Smoker Protection Act  | - XX | 0  |     |
| 58    |     | Tobacco products offered for sale   | 0    | 0  | ١   |
| 59    |     | If tobacco products are sold, NSPA survey completed                                       | 0    | 0  |     |

You have the right to request a n (10) days of the date of the

10/20/2021

10/20/2021

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

\*\*\*\* Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice \*\*\*\*

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629 ) 6153405620 Please call ( to sign-up for a class.

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



| _      |      |        |   |           | _ |
|--------|------|--------|---|-----------|---|
| F-ctal | hire | hmont. | m | formation | ١ |
|        |      |        |   |           |   |

Establishment Information
Establishment Name: Regal Cinemas: Main Concession
Establishment Number #: |605126086

| 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) |  |  |  |  |  |
|                  |                |     |                           |  |  |  |  |  |
|                  |                |     |                           |  |  |  |  |  |
|                  |                |     |                           |  |  |  |  |  |
|                  |                |     |                           |  |  |  |  |  |

| Equipment Temperature |                          |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |
| Drawer freezer        | -1                       |  |  |  |  |  |
| Reach in cooler       | 38                       |  |  |  |  |  |
| Reach in cooler       | 37                       |  |  |  |  |  |
| Reach in freezer      | 0                        |  |  |  |  |  |

| Food Temperature |                           |                          |  |  |  |  |  |  |
|------------------|---------------------------|--------------------------|--|--|--|--|--|--|
| Description      | State of Food             | Temperature (Fahrenheit) |  |  |  |  |  |  |
|                  | State of Food Hot Holding | 135                      |  |  |  |  |  |  |
|                  |                           |                          |  |  |  |  |  |  |

| Observed Violations  |
|--|
| Total #  |
| Repeated # ()  |
| 8: No paper towels at the front hand sink. CA- Paper towels were provided.                             |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| ****See page at the end of this document for any violations that could not be displayed in this space. |

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



#### Establishment Information

Establishment Name: Regal Cinemas: Main Concession

Establishment Number: 605126086

### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is available.
- 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: Employees wash hands.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: Food source: Vistar
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: Food temps listed.
- 20: Food temps listed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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:

### Additional Comments

See last page for additional comments.

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

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

| Establishment Name: Regal Cinemas: Main Concession |  |  |
|--|--|--|
| Establishment Number: 605126086                    |  |  |
|  |  |  |
| Comments/Other Observations (cont'd)               |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Additional Comments (cont'd)                       |  |  |
| See last page for additional comments.             |  |  |
| see last paye for additional comments.             |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Establishment Information

| Establishment Name: Regal Cinemas: Main Concession |           |         |        |  |
|--|-----------|---------|--------|--|
| Establishment Number #:                            | 605126086 |         |        |  |
|  |           |         |        |  |
| Sources  |           |         |        |  |
| Source Type:                                       | Food      | Source: | Vistar |  |
| Source Type:                                       |           | Source: |        |  |
| Source Type:                                       |           | Source: |        |  |
| Source Type:                                       |           | Source: |        |  |
| Source Type:                                       |           | Source: |        |  |
| Additional Comments                                |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |
|  |           |         |        |  |

Establishment Information