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

|      | 1000     |          | A. C. S.       |             |  |   |                      |         |       |              |      |                  |           |         |              |   |                  |           |         |     |
|------|----------|----------|----------------|-------------|--|---|----------------------|---------|-------|--------------|------|------------------|-----------|---------|--------------|---|------------------|-----------|---------|-----|
| Esta | bisi     | nem      | t Nar          |             | Heidi's Coffe                            | ee Shoppe   |                      |         |       |              |      | Tur              | o of f    | Establi | e la seconda | Farmer's Market Food Unit     Ø Permanent O Mobile  | 9                |           | K       |     |
| Add  | ress     |          |                |             | 286 Nonavil                              | le Rd   |                      |         |       |              |      | тур              | xe or t   | -stabii | snme         | O Temporary O Seasonal  |                  |           |         |     |
| City |          |          |                |             | Mount Juliet                             |   | Time in              | 10      | ):4   | 5 A          | M    | AJ               | M/PI      | M Tir   | me ou        | ut 10:54; AM AM / PM  |                  |           |         |     |
|      | ectic    | n Da     | te             |             | 03/05/202                                | 24 Establishment #                                      |                      |         |       |              |      |                  | d 0       |         |              |   |                  |           |         |     |
|      |          |          | spect          |             | ORoutine                                 | 愛 Follow-up   | O Complaint          |         |       | -<br>O Pre   |      |                  | -         |         | ) Cor        | nsultation/Other  |                  |           |         |     |
| Risk | Cat      | egon     | ,              |             | SEC 1                                    | 02  | 03                   |         |       | 04           |      |                  |           | Fo      | low-         | up Required O Yes 🕱 No  | Number of Se     | eats      | 28      |     |
|      |          |          | isk I          |             |  | paration practices                                      | and employee         |         |       |              |      |                  |           | repo    | ortec        | to the Centers for Disease Control  | and Prevent      |           | _       |     |
|      |          |          |                | <b>as</b> c | ontributing fact                         |   |                      |         |       |              |      |                  |           |         |              | control measures to prevent illness<br>INTERVENTIONS  | s or injury.     |           |         |     |
|      |          |          |                | algaa       |  | s (IN, OUT, NA, NO) for e                               | ach numbered iten    | n. For  |       | mark         | M 0U | л, т             | nrk CC    | 35 or R | for e        | ach Item as applicable. Deduct points for cate  |                  |           |         |     |
| IN   | un c     | omplia   | ance           |             |  | ce NA=not applicable                                    | NO=not observe       |         | R     |              | s=   | recte            | d on-s    | ne dun  | ng ins       | pection R=repeat (violation of the si<br>Compliance Status  |                  | n)<br>COS | R       | WT  |
|      | IN       | ουτ      | NA             | NO          |  | Supervision   |                      |         |       |              |      | IN               | ουτ       | NA      | NO           | Cooking and Reheating of Time/Ter<br>Control For Safety (TCS) For                                   |                  |           |         |     |
|      | 黨        | 0        |                |             | Person in charge p<br>performs duties    | resent, demonstrates kr                                 | lowledge, and        | 0       | 0     | 5            |      | 0                | 0         | 0       |              | Proper cooking time and temperatures  |                  | 0         | 0       | 6   |
|      | IN<br>XX |          | NA             | NO          | Management and f                         | Employee Health<br>ood employee awarenee                | ss: reporting        | 0       |       |              | 17   | 0                | 0         | X       | 0            | Proper reheating procedures for hot holding   |                  | 0         | 0       | 9   |
|      | Î        | ŏ        |                |             |  | iction and exclusion                                    | so, reporting        | ŏ       | ŏ     | 5            |      | IN               | ουτ       | NA      | NO           | Cooling and Holding, Date Marking, a<br>a Public Health Control                                     | and Time as      |           |         |     |
| H    | IN       |          | NA             |             |  | d Hygienic Practice                                     |                      |         |       |              |      | 0                | 0         | 0       |              | Proper cooling time and temperature   |                  | 0         |         | _   |
| 4    | 区区       | 0        |                |             |  | ng, drinking, or tobacco<br>eyes, nose, and mouth       | use                  | 0       | 8     | 5            |      | N N              | 8         | 0       | 0            | Proper hot holding temperatures<br>Proper cold holding temperatures                                 |                  |           | 0       |     |
|      | IN       | OUT      | NA             | NO          | Preventi                                 | ng Contamination by                                     | Hands                |         |       |              |      | X                |           |         | 0            | Proper date marking and disposition   |                  | ŏ         | ŏ       | 5   |
| 6    | <u>×</u> | 0        |                |             | Hands clean and p<br>No bare hand cont   | roperly washed<br>act with ready-to-eat foo             | ds or approved       | _       | 0     | 5            | 22   | 0                | 0         | ×       | 0            | Time as a public health control: procedures   | and records      | 0         | 0       |     |
| 7    | ×        | 0        | ٥              | 0           | alternate procedure                      | as followed   |                      | 0       | 2     | _            |      | IN               | OUT       | _       | NO           | Consumer Advisory   | a do an a shu d  |           | -       |     |
|      | IN       |          | NA             | NO          | Handwashing sinke                        | s properly supplied and a<br>Approved Source            | accessible           |         | 0     | 2            | 23   | 0                | 0         | 黛       |              | Consumer advisory provided for raw and un<br>food   | ndercooked       | 0         | 0       | 4   |
|      | 黨        |          | 0              | ~           | Food obtained from<br>Food received at p |   |                      |         | 0     |              |      | IN               | OUT       | _       | NO           | Highly Susceptible Population   | ons              | _         | _       |     |
| 11   | ×        | ŏ        |                | _           | Food in good cond                        | tion, safe, and unadulte                                |                      | ŏ       | ŏ     | 5            | 24   | 0                | 0         | ×       |              | Pasteurized foods used; prohibited foods no   | ot offered       | 0         | 0       | 5   |
| 12   | 0        | 0        | X              | 0           | Required records a<br>destruction        | vailable: shell stock tag                               | s, parasite          | 0       | 0     |              |      | IN               | OUT       |         |              | Chemicals   |                  |           |         |     |
|      |          |          | NA             | NO          | Protec                                   | tion from Contamina                                     | ition                |         |       |              | 25   | <b>0</b><br>溪    |           | X       |              | Food additives: approved and properly use   |                  | 8         | 읽       | 5   |
|      |          | 8        |                |             | Food separated an<br>Food-contact surfa  | ces: cleaned and sanitiz                                | red                  |         | 8     |              | 20   |                  | 0<br>OUT  | NA      | NO           | Toxic substances properly identified, stored<br>Confermance with Approved Pro                       |                  | 0         | 0       |     |
| 15   | _        |          |                |             |  | of unsafe food, returned                                | food not re-         | -       |       | 2            | 27   | 0                | 0         | 8       |              | Compliance with variance, specialized proc  | ess, and         | 0         | 0       | 5   |
|      |          |          |                |             | served                                   |   |                      |         |       |              |      |                  |           | _       |              | HACCP plan  |                  |           |         |     |
|      |          |          |                | Goo         | d Retail Practic                         | es are preventive n                                     | neasures to co       | ontro   | l the | intro        | duc  | tion             | of p      | atho    | gens         | , chemicals, and physical objects i   | nto foods.       |           |         |     |
|      |          |          |                | 01          | T=not in compliance                      |   | COS=corre            |         |       | <b>1</b> /.1 |      |                  | 1CE       | 5       |              | R-repeat (violation of the same of  | onde nonvision's |           |         |     |
|      |          |          |                | ~~~         | Comp                                     | liance Status   | 003-0016             |         | R     |              | Ĕ    |                  |           |         |              | Compliance Status   |                  | COS       | R       | WT  |
| 2    | _        | 001      | Pact           | 04 UT 74    | Safe I<br>d eggs used where              | Food and Water  |                      | 0       | 0     | -            |      |                  | UT        | ood ar  | ad no        | Utensils and Equipment<br>nfood-contact surfaces cleanable, properly (                              | herianed         | _         |         |     |
| 2    | 9        | 0        | Wate           | r and       | ice from approved                        | source  |                      | 0       | 0     | 2            | 4    | 5 (              |           |         |              | and used  | neadhen.         | 0         | 0       | 1   |
| 3    | 0        | OUT      | Varia          | ince (      |  | zed processing methods<br>mperature Control             | <u>;</u>             | 0       | 0     | 1            | 4    | 6   (            | o  v      | Varewa  | ashin        | g facilities, installed, maintained, used, test   | strips           | 0         | 0       | 1   |
| 3    | 1        |          |                |             | oling methods used;                      | adequate equipment fo                                   | r temperature        | 0       | 0     | 2            | 4    | _                |           | lonfoo  | d-cor        | tact surfaces clean   |                  | 0         | 0       | 1   |
| 3    | 2        |          | contr<br>Plant |             | properly cooked for                      | r hot holding   |                      |         | 0     | 1            | 4    | _                | UT<br>O ⊢ | lot and | f cold       | Physical Facilities<br>water available; adequate pressure   |                  | 0         | 0       | 2   |
| 3    | 3        |          |                |             | thawing methods us                       |   |                      | 0       | 0     | 1            | 4    | 9 (              | _         |         |              | stalled; proper backflow devices  |                  |           | ŏ       | 2   |
| 3    | 4        | 0<br>001 | Then           | mom         | eters provided and a                     | occurate  |                      | 0       | 0     | 1            | 5    | _                | -         |         |              | waste water properly disposed<br>es: properly constructed, supplied, cleaned                        |                  | 8         | 8       | 2   |
| 3    | 5        | _        | Food           | l prop      |  | I container; required rec                               | ords available       | 0       | 0     | 1            | 5    | _                | _         |         |              | use properly disposed; facilities maintained  |                  | ŏ         | <u></u> | 1   |
| -    |          | OUT      |                |             |  | f Food Contaminatio                                     |                      | -       |       | -            | 5    |                  | _         |         |              | lities installed, maintained, and clean   |                  | -         | -       | 1   |
| 3    | 6        | 0        | Insec          | ts, ro      | dents, and animals                       | not present   |                      | 0       | 0     | 2            | 5    | _                | -         |         |              | ntilation and lighting; designated areas used   | t t              | 0         | 0       | 1   |
| 3    | 7        | ×        | Cont           | amin        | ation prevented duri                     | ng food preparation, sto                                | rage & display       | 0       | 0     | 1            |      | 0                | UT        |         |              | Administrative Items  |                  |           |         |     |
| 3    | 8        |          |                | _           | leanliness                               | -   |                      | 0       | 0     | 1            | 54   | 5 (              | 0 0       | urrent  | pern         | nit posted  |                  | 0         | 0       | _   |
| 3    | _        |          |                |             | ths; properly used a                     |   |                      | 0       | 0     | 1            | 54   | 6 (              | _         |         | -            | inspection posted   |                  | 0         | 0       | 0   |
| 4    | U        | 0<br>OUT | Was            | ning f      | ruits and vegetables<br>Proper           | Use of Utensils   |                      | 0       | 0     | 1            |      |                  |           |         |              | Compliance Status<br>Non-Smokers Protection Ac  |                  | YES       | NO      | WT  |
| 4    | _        | 0        |                |             | nsils; properly store                    | d   |                      |         | 0     |              | 5    |                  |           |         |              | with TN Non-Smoker Protection Act   |                  | X         | 2       |     |
| 4    |          |          |                |             |  | s; properly stored, dried,<br>les; properly stored, use |                      |         | 8     |              | 5    | 5                |           |         |              | ducts offered for sale<br>oducts are sold. NSPA survey completed                                    |                  | 0         | 읭       | 0   |
|      | 4        |          |                |             | ed properly                              |   |                      |         | ŏ     |              |      |                  |           |         |              |   |                  | - 1       | - 1     |     |
|      |          |          |                |             |  |   |                      |         |       |              |      |                  |           |         |              | Repeated violation of an identical risk factor m  |                  |           |         |     |
| man  | her a    | nd po    | st the         | most        | recent inspection repo                   | ort in a conspicuous mann                               | er. You have the rig | ht to r | eques |              |      |                  |           |         |              | e. You are required to post the food service establing a written request with the Commissioner with |                  |           |         |     |
| repo | 6 T.     | 1        | rection        | F 08-       |  | 4-708, 68-14-709, 68-14-711                             |                      |         |       |              |      | $\left( \right)$ |           | 1       | S            | (1)   |                  |           |         |     |
| -    | 2        | ~        |                | 2           | RI                                       |   | 03/0                 | )5/2    | 024   | ł            |      | $\geq$           | H         | K       | h            | <b>Y</b> //   | 0                | 3/0       | 5/2     | 024 |

Signature of Person In Charge

Date Signature of Environmental Health Specialist

SCORE

Date

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

Free food safety training classes are available each month at the county health department. Please call ( ) 6154445325 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629 to sign-up for a class.

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



#### Establishment Information

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Establishment Name: Heidi's Coffee Shoppe Establishment Number #: 605321238

| 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<br>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)

| quipment l'emperature |                          |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |  |  |
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| Description | State of Food | Temperature ( Fahrenheit |
|-------------|---------------|--------------------------|
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| Total # 2     |  |
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#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Heidi's Coffee Shoppe Establishment Number : 605321238

| Comments/Other Observations   |  |
|---|--|
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Additional Comments See last page for additional comments.

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## Establishment Information

Establishment Name: Heidi's Coffee Shoppe Establishment Number : 605321238

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: Heidi's Coffee Shoppe Establishment Number #: 605321238

| Sources             |         |  |
|---------------------|---------|--|
| Source Type:        | Source: |  |
| Additional Comments |         |  |

See routine inspection for comments