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

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and the second	No.				O a surface and O a	a a di a ttas sili a . (A										O Fermer's Market Food Unit	$\frown$		>	
Establishment Name			t Na	me	Courtyard Goodlettsville (Main Kitchen)									99		1				
Addre	55				865 Conferen											O Temporary O Seasonal				
City					Goodlettsville	-		0	8:5	5 /	۱M	_ A	M/P	M Ti	me o	ut 09:45: AM AM/PM				
Inspe	tio	n Da	rte		04/05/202	4 Establishment #	60521205	1		_	Emba	argoe	ed C	)						
Purpo	se	of In	spec	tion	Routine	O Follow-up	O Complaint			<b>O</b> Pr	elimir	ary		c	Cor	nsuitation/Other				
Risk (	Cate				<b>O</b> 1	<b>3</b> 22	<b>O</b> 3			<b>O</b> 4							Number of Se		80	
		R	isk													d to the Centers for Disease Control an control measures to prevent illness of		ion		
						FOODBORN	IE ILLNESS RJ	SK F	ACT	ORS	AND	PU	BLIC	HEA	штн	INTERVENTIONS				
(Hark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for c																				
	_		_	_	OUT=not in compliance NA=not applicable NO=not observ Compliance Status						S=corrected on-site during inspection R=repeat (violation of the same code prov Compliance Status								R	WT
1			NA	NO	Derrae is shares or	Supervision	outstas and		_			IN	ουτ	NA	NO	Cooking and Reheating of Time/Temp Control For Safety (TCS) Foods				
18	_	0			performs duties	esent, demonstrates kr	iowieoge, and	0	0	5		0				Proper cooking time and temperatures		8	0	5
2		0	NA	NO		Employee Health od employee awarenet	ss; reporting	0	0		۳	0				Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and		0	0	
3 8	_	0			Proper use of restric			0	0	٥		IN		NA		a Public Health Control				
4 8	N N K	OUT	NA			d Hygienic Practice g. drinking, or tobacco		0	0			S O	-		_	Proper cooling time and temperature Proper hot holding temperatures		8	읭	
5 8	K	0	NA	0	No discharge from e	yes, nose, and mouth		ō		5	20	12	0	0		Proper cold holding temperatures Proper date marking and disposition		0	0	5
	8	0		_	Hands clean and pro	operly washed		0	0		22	_	6	x		Time as a public health control: procedures an		ŏ	ŏ	
I 1 *		0	0	0	No bare hand contai alternate procedures	ct with ready-to-eat foo s followed	ds or approved	0	-	5		IN	OUT		NO	Consumer Advisory		-	-	
8 8		0 001	NA	NO		properly supplied and a Approved Source	accessible	0	0	2	23	0	0	0		Consumer advisory provided for raw and unde food	rcooked	0	0	4
	8	0			Food obtained from	approved source			0			IN	OUT	NA	NO	Highly Susceptible Populations		_		
11 3	K	8	0			ion, safe, and unadulte		0	0	5	24	0	0	X		Pasteurized foods used; prohibited foods not o	ffered	0	0	5
12 (	7	0	X	0	Required records av destruction	vailable: shell stock tag	s, parasite	0	0			IN	ουτ	NA	NO	Chemicals				
13 5	N C		NA	NO	Protect Food separated and	tion from Contamina	ition		0	4	25	<b>0</b> 戻	8	X	]	Food additives: approved and properly used Toxic substances properly identified, stored, us	ad to	8	읭	5
13 8 14 8	K	ŏ	ŏ		Food-contact surface	es: cleaned and sanitiz			ŏ			IN		NA	NO			-	-	
15 8	8	0			Proper disposition of served	f unsafe food, returned	food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized process HACCP plan	, and	0	0	5
		_		George	d Ratall Practice		ensures to co			. Inde	-	tion		atho	_	s, chemicals, and physical objects into	foode		_	
					A Retail Practice	are preventive i	ieasures to co		OD R						gena	s, chemicals, and physical objects into	Toods.			
				00	T=not in compliance		COS=corre	cted o	on-site	during						R-repeat (violation of the same code		200		14/7
	(	DUT				iance Status ood and Water		cos	S R	WT		0	TUK			Compliance Status Utensils and Equipment		cos	R	WT
28 29					ed eggs used where r d ice from approved s			8	8	1	4	5				proportion of the surfaces cleanable, properly des and used	gned,	0	0	1
30					obtained for specialize	ed processing methods	i.		Ŏ		4	6	- 1			g facilities, installed, maintained, used, test strip	16	0	0	1
31	Ť	0	Prop	xer co		adequate equipment fo	r temperature	0	0	2	4			Vonfoo	d-cor	ntact surfaces clean		0	0	1
32	+	-	cont		properly cooked for I	hot bolding		-	0	-	4		TUX 0	-lot and	f cold	Physical Facilities I water available; adequate pressure		0	0	2
33		0	App	roved	thawing methods use	ed		0	0	1	4	9	OF	Plumbi	ng ins	stalled; proper backflow devices		0	0	2
34		O DUT	The	mom	eters provided and ac Food I	courate		0	0	1	5	_	-			i waste water properly disposed es: properly constructed, supplied, cleaned			0	2
35	Т	0	Foo	d prop	erly labeled; original	container; required rec	ords available	0	0	1	5	_	_			use properly disposed; facilities maintained		0	0	1
	4	DUT			Prevention of	Food Contaminatio	n		-		5	3	<b>0</b>	hysica	al fac	ilities installed, maintained, and clean		•	•	1
36		0	Inse	cts, ro	odents, and animals n	ot present		0	0	2	5	4	0 /	Adequa	ate ve	entilation and lighting; designated areas used		0	0	1
37		0	Conf	tamin	ation prevented durin	g food preparation, sto	rage & display	0	0	1		0	TUK			Administrative items				
38	1	-	-		cleanliness	ad atoma		0		1		_				mit posted		0	읽	0
39 40	_				oths; properly used an fruits and vegetables	nd stored		00			F	6	0 1	VIOSE PE	cent	Compliance Status				WT
41	_		In-ut	se ute	Proper I nsils; properly stored	Use of Utensils			0	1	5	7	-	Compli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act		ж	01	
42		0	Uter	sils, e	equipment and linens;	; properly stored, dried,		0	0	1	5	8		lopaco	o pro	oducts offered for sale		<u> </u>	0	0
43					ersingle-service article and properly	es; properly stored, use	5G		8		Ŀ	9		r tocac	co pr	roducts are sold, NSPA survey completed		01	01	
																Repeated violation of an identical risk factor may re				
manne	service establishment permit, items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this																			
r eport.	report. T.C.A. servicions (61-14-201), 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.																			
					2												∩		E 17	024
0					Alexandre		04/0	)5/2			-		1	Le	Ľ	Le al		4/0	5/2	P. 1
Signa	tun	e of	Pers	ion In	Charge					Date		gnati				ental Health Specialist		4/0	5/2	Date
Signa							r information can	be f	ound	Date on ou	ır wet	bsite,	http	c//tn.g	jov/h	ental Health Specialist nealth/article/eh-foodservice **** unty health department.	0	4/0	5/2	Date

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



#### Establishment Information

Establishment Name: Courtyard Goodlettsville (Main Kitchen) Establishment Number #: 605212051

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 (Fahrenhelt)					
Manual High temp	QA Water		160					

Equipment Temperature					
Description	Temperature (Fahrenheit)				
True refrigerator in kitchen ( with beer)	34				
Walkin freezer	-5				
Walk in cooler	40				
Reach in freezer	0				

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit
Sliced tomatoes in walk in cooler	Cold Holding	37
Cook chicken in walk in cooler	Cold Holding	38
Cook eggs sitting out cooling. Cook a hour ago	Cooling	72
Liquid eggs in prep cooler	Cold Holding	37
Yougurt in glass door refrigerator upfront	Cold Holding	39
Feta chesee upfront at pre cooler	Cold Holding	37
Milk in three door refrigerator upfront	Cold Holding	38

Observed Violations							
Total # 1							
Repeated # ()							
47: Build up inside of microwave							

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### Establishment Information

Establishment Name: Courtyard Goodlettsville (Main Kitchen)

Establishment Number : 605212051

#### Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: Have a health policy
- 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: Observed employee wash hands before handling food in prep cooler upfront

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

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

9: See food 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: No raw animal products cook doing inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: Cooling is done in walk in cooler
- 20: See food thermometer chart
- 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.
- 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: Courtyard Goodlettsville (Main Kitchen) Establishment Number: 605212051

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Courtyard Goodlettsville (Main Kitchen) Establishment Number #: 605212051

Sources								
Source Type:	Food	Source:	US foods					
Source Type:	Water	Source:	City					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						

## Additional Comments