

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Ms Nichole's Food Service Remanent O Mobile Establishment Name Type of Establishment 890 Rock Springs Rd. O Temporary O Seasonal Address Smyrna Time in 11:35; AM AM/PM Time out 11:45; AM AM/PM City 04/16/2024 Establishment # 605210451 Embargoed 0 Inspection Date ∰ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 125

Follow-up Required

О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, HO) for

IN-in compliance OUT-not in compliance NA-not applicable NO-not observed						ed		Ö
	Compliance Status						R	WT
	IN	OUT	NA	NO	Supervision			
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭX	0			Management and food employee awareness; reporting		0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	-
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	100	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	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	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	黛	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	寒	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 a Public Health Control			
18		0	0	×	Proper cooling time and temperature	0	0	
19	0	0	0	寒	Proper hot holding temperatures	0	0	
20		0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	200	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 food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	氮	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	- XX		Food additives: approved and properly used	0	0	5
26	黨	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 HACCP plan	0	0	5

O Yes 疑 No

s, chemicals, and physical objects into foods.

			GOO	D R	37
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	WI
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	2
30	0	Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2
32	0	Plant food properly cooked for hot holding	0	0	1
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	1
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	1
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	2
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	1
39	0	Wiping cloths; properly used and stored	0	0	1
40	0	Washing fruits and vegetables	0	0	1
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	1
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	1
44	0	Gloves used properly	0	0	1

		Compliance Status	cos	K	8
	OUT	Utensils and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	
46	题	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	
50	0	Sewage and waste water properly disposed	0	0	
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	T		
55	0	Current permit posted	0	0	Г
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0	

a conspicuous manner. You have the right to request a hearing rega . 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

PH-2267 (Rev. 6-15)

04/16/2024 Date 04/16/2024

**** 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.) 6158987889 Please call (to sign-up for a class.

RDA 629

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information							
Establishment Name: Ms Nichole's Food Service Establishment Number #: 605210451							
Establishment Number #: [605210451							
NCDA Common To be completed if	4F7 := #M=#						
NSPA Survey – To be completed if: Age-restricted venue does not affirmatively rest		facilities at all times to pe	ersons who are				
twenty-one (21) years of age or older.							
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable for	n of identification.				
"No Smoking" signs or the international "Non-Si	moking" symbol are not cons	picuously posted at every	y entrance.				
Garage type doors in non-enclosed areas are n	ot completely open.						
Tents or awnings with removable sides or vents	s in non-enclosed areas are r	not completely removed o	r open.				
Smoke from non-enclosed areas is inflitrating in	nto areas where smoking is p	rohibited.					
Smoking observed where smoking is prohibited	by the Act.						
W							
Warewashing Info	Sanitizer Type	PPM	Temperature (Fah	ranhalfi			
madilile Name	oannizer type	FFM	reinperature (Pair	i oniinoit)			
Equipment Temperature			I = t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t t				
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Description			Temperature (Fahr	renheit)			
			Temperature (Fahr	renheit)			
Description		State of Food	Temperature (Fahr	•			
Food Temperature		State of Food		•			
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information	
Establishment Name: Ms Nichole's Food Service	
Establishment Number: 605210451	
Comments/Other Observations	
i:	
i: Discussed proper hand washing	
' :	
: (IN): All handsinks are properly equipped and conveniently located for food employee use.	
0:	
1:	
0: 1: 2: 3:	
3. Λ·	
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.4: .5: .6: .7: .8: .9:	
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1:	
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5. (IN) All paisanous or toxic itams are properly identified, stored, and used	
26: (IN) All poisonous or toxic items are properly identified, stored, and used. 27: 37: 38:	
7. .7·	
v8:	

Additional Comments

See last page for additional comments.

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

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

Establishment Name: Ms Nichole's Food Service				
Establishment Number: 605210451				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Information							
Establishment Name: Ms Nichole's Food Service							
Establishment Number #: 605210451							
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Sources							
Source Type:	Source:						
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Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							
All priority item violations have been corrected							