## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Carlos and                    | 100      |         | ₹/s    |        |         |                    |                            |          |                  |            |           |               |          |        |              |          |         |  |         |          |   |                             |          |          |        |
|-------------------------------|----------|---------|--------|--------|---------|--------------------|----------------------------|----------|------------------|------------|-----------|---------------|----------|--------|--------------|----------|---------|--|---------|----------|---|-----------------------------|----------|----------|--------|
| -                             |          |         |        |        |         | Battl              | e Cree                     | kМ       | iddle            | : Sch      | iool      |               |          |        |              |          |         |  |         |          | O Farmer's Market Food Unit   |                             |          |          |        |
| Establishment Name<br>Address |          | -       | 165    | Battle | Cree    | ek W               | /av                        |          |                  |            |           |               |          | Ту     | pe of        | Establ   | ishme   | ent Permanent O Mobile<br>O Temporary O Seasor |         | J        | L   | J                           |          |          |        |
| City                          |          | •       |        |        |         |                    | ıg Hill                    |          |                  |            |           | Time          | 09       | 9:5    | 9 /          | ١M       | А       | M/P  | мт      | me o     | 10:34: AM AM/   |                             |          |          |        |
|                               |          | on (    | Date   |        |         | 02/2               | 29/20                      | 24       | Estal            | olishmer   | nt# 6     | 052601        |          |        |              | Emb      | _       |  |         |          |   |                             |          |          |        |
|                               |          |         | Insp   |        |         | <b>X</b> Rout      |                            |          | Follow           |            |           | O Complain    |          |        | <b>0</b> Pr  |          |         | -  |         | Cor      | nsuitation/Other  |                             |          |          |        |
| Ris                           | (Ca      | teg     |        |        |         | 01                 |                            | 2        | 9m               |            |           | <b>O</b> 3    |          |        | <b>O</b> 4   |          |         |  |         |          | up Required O Yes 🕅   |                             |          | 44       | 8      |
|                               |          |         | Ris    |        |         |                    |                            |          |                  |            |           |               |          |        |              |          |         |  |         |          | to the Centers for Disease<br>control measures to preve   |                             | tion     |          |        |
|                               |          |         | ark.   | 4      |         | ed com             | lance stat                 | ue ditt  |                  |            |           |               |          |        |              |          |         |  |         |          | INTERVENTIONS<br>ach liem as applicable. Deduct po  | ats for category or subcat  | MOT.     | ,        |        |
| 18                            | ⊨in c    |         | piano  |        |         |                    | t in complia               | ince     | NA=not           | t applicat |           | NO=not obser  | ved      |        | C            |          |         |  |         |          | spection R=repeat (violat   | ion of the same code provis | ion)     |          |        |
| h                             | IN       | ou      | TN     | IA     | NO      |                    | Con                        |          | ice St<br>Superv |            |           |               | cos      | R      | WT           | F        | IN      | our  | r NA    | NO       | Compliance Status<br>Cooking and Reheating of   | Time/Temperature            | cos      | R        | WT     |
| 1                             | ×        | 0       | , T    |        |         |                    | in charge<br>is duties     | preser   | nt, dem          | onstrate   | es know   | /ledge, and   | 0        | 0      | 5            | 16       | 0       | 0  |         |          | Control For Safety<br>Proper cooking time and tempera   |                             | 0        | 0        |        |
| 2                             | IN<br>XX |         | T N    | A      | NO      |                    | ement and                  |          |                  | ee awar    |           | reporting     | 0        | 0      |              |          | 8       |  | 0       | 0        | Proper reheating procedures for<br>Cooling and Holding, Date M  | hot holding                 | Ó        | 0        | 5      |
| 3                             | ×        | C       |        |        |         |                    | use of rest                | triction | and ex           | clusion    | 1         |               | 0        | 0      | 5            |          | IN      | ou   |         |          | a Public Health   | Control                     |          |          |        |
| 4                             | X        | C       | IT N   | A      | NO<br>O | Proper             | Go<br>eating, tas          |          |                  | c Pract    |           | 9             |          | 0      | 5            | 15       | 0       |  | 0       |          | Proper cooling time and tempera<br>Proper hot holding temperatures  | ture                        | 0        | 0        |        |
| 5                             |          | OU      | TN     | IA     | NO      |                    | harge from<br>Prevent      | ling C   | ontam            | ninatio    |           | ands          | 0        |        |              |          | 12      | 8  |         | 0        | Proper cold holding temperatures<br>Proper date marking and disposit  |                             | 0        | 00       | 5      |
| 6                             | 直截       | 0       | -      | _      | 0       |                    | clean and<br>e hand con    |          |                  |            | t foods   | or approved   | 0        | 0      | 5            | 22       | 0       | 0  | 100     |          | Time as a public health control: p  | procedures and records      | 0        | 0        |        |
| 8                             | X        | 0       | -      | -      | -       |                    | te procedu<br>ashing sini  | ks prop  | perly su         |            |           | essible       | -        | 0      | 2            | 23       | IN<br>O | 00   | _       | NO       | Consumer Ad<br>Consumer advisory provided for   |                             | 0        | 0        | 4      |
| 9                             | 嵩        | C       |        |        |         |                    | btained fro                | m app    | roved s          |            | •         |               | 0        | 0      |              |          | IN      | OUT  |         | NO       | food<br>Highly Susceptible  | Populations                 | Ŭ        | Ŭ        | -      |
|                               | o<br>⋈   |         |        | 2      | ~       | Food in            | ceived at<br>good con      | dition,  | safe, a          | nd unad    |           |               | 0        | 00     | 5            | 24       | 0       | 0  | 22      |          | Pasteurized foods used; prohibite   | ed foods not offered        | 0        | 0        | 5      |
| 12                            | 0        | C       | 1.     |        | 0       | Require<br>destruc |                            |          |                  |            |           |               | 0        | 0      |              |          | IN      | out  |         | NO       | Chemica   |                             |          |          |        |
| 13                            | X        | C       | T N    | 2      | NO      |                    | eparated a                 | nd pro   | tected           | Contan     |           |               |          | 0      |              | 25<br>26 | 0       | 00   |         | ·        | Food additives: approved and pr<br>Toxic substances properly identif  | fied, stored, used          | 0        | 0        | 5      |
|                               | 夏夏       | _       |        | 2      |         |                    | ontact surf<br>disposition |          |                  |            |           |               | 0        | 0      | 5            | 27       | IN O    | -  | r NA    | NO       | Conformance with Appr<br>Compliance with variance, specie   |                             | 0        |          |        |
| <u>"</u>                      | ~        |         |        | _      |         | served             |                            |          |                  |            |           |               | 10       | 0      | 1            | Ľ        | 0       | 0  | 8       |          | HACCP plan  |                             | Ŭ        | 0        | 0      |
|                               |          |         |        |        | Goo     | d Reta             | il Practi                  | ces a    | re pre           | venti      | re mer    | asures to o   |          |        |              |          |         | _  |         | gens     | , chemicals, and physical (   | objects into foods.         |          |          |        |
|                               |          |         |        |        | 00      | T=not in           | compliance                 |          | -                |            |           | COS=cor       | rected o | n-site |              |          |         |  | 80      |          |   | The same code provision)    |          |          |        |
| E                             |          | OL      |        |        |         |                    | Safe                       | Feed     | ce Sti<br>and V  |            |           |               |          | R      | _            |          | 0       | UT   |         |          | Compliance Status<br>Utensils and Equipme   | ent                         | cos      |          | WT     |
|                               | 8<br>9   | 0       | W      | ate    | and     | lice from          | used when<br>n approved    | d source | 0e               |            |           |               | 1 o      | 000    | 2            | 4        | 5       |  |         |          | nfood-contact surfaces cleanable<br>and used  | , properly designed,        | 0        | 0        | 1      |
| É                             | 0        | 0       | т      |        |         |                    | for specia<br>Food Te      | mper     | rature           | Contro     | ol        |               |          |        | 1            |          | _       | _  |         |          | g facilities, installed, maintained,  | used, test strips           | 0        | 0        | 1      |
| 2                             | 1        | c       | 00     | ntro   | 4       |                    |                            |          |                  |            | nt for te | mperature     | 0        | 0      | 2            |          | 4       | TUK  |         |          | htact surfaces clean<br>Physical Facilities   |                             | 0        | 0        | 1      |
|                               | 2        |         |        |        |         |                    | methods u                  |          | holding          |            |           |               | 0        | 8      | 1            |          |         |  |         |          | water available; adequate pressu<br>stalled; proper backflow devices  | ire                         | 0        | 0        | 2      |
| - 2                           | 4        | OL      | _      | hem    | ome     | eters pro          | wided and<br>Fee           |          | ate<br>ntifica   | tion       |           |               | 0        | 0      | 1            |          |         |  |         |          | waste water properly disposed<br>es: properly constructed, supplied   | cleaned                     | 0        | 0        | 2      |
| :                             | 5        | c       | Fo     | bod    | prop    | erfy lab           | eled; origin               | al cont  | tainer;          | required   | d record  | is available  | 0        | 0      | 1            | 5        | 2       |  |         |          | use properly disposed; facilities m   |                             | 0        | 0        | 1      |
| Ξ,                            | 6        | OL<br>C | -      | sar!   | 5.00    |                    | evention<br>and animals    |          |                  |            | ation     |               | 0        | 0      | 2            |          |         | -  |         |          | lities installed, maintained, and cle<br>intilation and lighting; designated a  |                             | 0        | 0        | 1      |
| $\vdash$                      | 7        | 0       | +      | _      |         |                    |                            |          |                  |            | storad    | e & display   | 0        | 0      | 1            | F        | -       | UT   | - ac de | 10 10    | Administrative item   |                             | Ŭ        | <u> </u> |        |
|                               | 8        |         | -      |        |         | leanline           |                            |          | on beek          |            | , oronog  | e a aroproj   | 0        | 0      | 1            |          | 5       | _  | Curren  | t pern   | nit posted  | -                           | 0        | 0        | 0      |
|                               | 9<br>0   |         |        |        |         |                    | perly used<br>I vegetable  |          | tored            |            |           |               |          | 0      | 1            | 5        | 6       | 0  | Most re | cent     | inspection posted<br>Compliance Status  | 1                           | O<br>YES | O<br>NO  | WT     |
| E                             | 1        | OL      | _      | -use   | ute     | nsils; pr          | Prope<br>openly stor       |          | of Ut            | ensils     |           |               |          | 0      | 1            | 5        | 7       | _  | Compli  | ance     | Non-Smokers Prote<br>with TN Non-Smoker Protection A  |                             | x        |          |        |
|                               | 2        | C       | Ut     | tens   | ils, e  | quipme             | nt and line<br>service art | ns; pro  |                  |            |           | andled        | 0        |        | 1            | 5        | 8       |  | Tobacc  | o pro    | ducts offered for sale<br>oducts are sold. NSPA survey co   |                             | 0        | 0        | 0      |
|                               | 4        | С       | ) [G   | lowe   | s us    | ed prop            | erly                       |          |                  |            |           |               | 0        | 0      | 1            |          |         |  |         |          |   |                             |          |          |        |
| serv                          | ice e    | stat    | lishn  | nent   | perm    | nit. Items         | identified a               | is cons  | tituting         | imminen    | nt health | hazards shall | be corre | octed  | immed        | iately   | or op   | eratio   | ns shal | l ceas   | Repeated violation of an identical ri-<br>e. You are required to post the food<br>lling a written request with the Comm | service establishment permi | t in a i | consp    | icuous |
|                               |          |         |        |        |         |                    |                            |          |                  |            |           | 14-715, 68-14 | 716, 4-5 | -320.  |              |          | -       |  |         |          |   |                             |          |          |        |
|                               | 20       | ኦ       | V      | _      |         | <u> </u>           | SOV                        | 10       | _                |            |           | 02            | 29/2     |        |              | -        | Y       | 5  | ) (     | ~~<br>++ | Control Specialist  | (                           | )2/2     | 29/2     | 2024   |
| Sig                           | natu     | re (    | я Ре   | erso   | n Iñ    | Charge             |                            | * Adv    | titional         | food e     | afety in  | formation co  | n be f   |        | Date<br>on o |          |         |  |         |          | ealth/article/eh-foodservice **   |                             |          |          | Date   |
| Phi                           | 2267     | (Re     | v. 6-1 | 15)    |         |                    |                            |          |                  | od saf     | fety tra  | ining class   | es are   | ava    | ilabk        | e eac    | h m     |  | at the  | e cou    | inty health department.   |                             |          | R        | DA 629 |
| 10.055                        |          | 1000    |        |        |         |                    |                            | 1        |                  | Ple        | ase ca    | all (         | ) 9      | 315    | 560          | 118      | 2       |  | to si   | gn-u     | p for a class.  |                             |          |          |        |

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



#### Establishment Information

Establishment Name: Battle Creek Middle School Establishment Number #: 605260197

| 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>wenty-one (21) years of age or older. |  |
| ge-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.   |  |
| Sarage type doors in non-enclosed areas are not completely open.  |  |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.   |  |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.  |  |
| moking observed where smoking is prohibited by the Act.   |  |

| Warewashing Info |                |     |                          |  |  |  |  |  |  |  |  |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|--|
| Machine Name     | Sanitizer Type | PPM | Temperature (Fahrenheit) |  |  |  |  |  |  |  |  |
| 3 comp sink      | Quat           | 400 |                          |  |  |  |  |  |  |  |  |

| Equipment Temperature |                          |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |
| RIC                   | 36                       |  |  |  |  |  |
| Milk cooler           | 35                       |  |  |  |  |  |
| Milk cooler 2         | 35                       |  |  |  |  |  |
| WIF                   | 5                        |  |  |  |  |  |

| Food Temperature      |               |                          |  |  |  |  |  |
|-----------------------|---------------|--------------------------|--|--|--|--|--|
| Description           | State of Food | Temperature (Fahrenheit) |  |  |  |  |  |
| Chicken tender        | Hot Holding   | 136                      |  |  |  |  |  |
| Lasagna bites         | Hot Holding   | 153                      |  |  |  |  |  |
| Hamburger patty (WIC) | Cold Holding  | 37                       |  |  |  |  |  |
| Milk (milk cooler)    | Cold Holding  | 36                       |  |  |  |  |  |
| Peas                  | Reheating     | 164                      |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |
|                       |               |                          |  |  |  |  |  |

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



#### Establishment Information

Establishment Name: Battle Creek Middle School

Establishment Number : 605260197

#### Comments/Other Observations

1: (IN): ANSI Certified Manager present.

2: IN

- 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 washing hands as needed

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 source

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) 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

17: (IN) All TCS foods are properly reheated for hot holding.

18: NO

- 19: See temps
- 20: See temps
- 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:

\*\*\*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: Battle Creek Middle School Establishment Number : 605260197

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: Battle Creek Middle School
Establishment Number # 605260197

| Food  | Source: | Sysco                               |  |
|-------|---------|-------------------------------------|--|
| Water | Source: | City                                |  |
|       | Source: |                                     |  |
|       | Source: |                                     |  |
|       | Source: |                                     |  |
|       |         | Water Source:<br>Source:<br>Source: | Water Source: City<br>Source:<br>Source: |

# Additional Comments