



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

96

Establishment Name McDonald's Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 3470 Lebanon Rd ☐ Temporary ☐ Seasonal
City Hermitage Time in 01:24 PM AM / PM Time out 01:35 PM AM / PM
Inspection Date 03/25/2024 Establishment # 605240089 Embargoed 0
Purpose of Inspection ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 60

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark 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 category or subcategory.)

| IN=In compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | Compliance Status | | | COS R WT | | |
|--|----|-----|----|----|--|--|--|----------|--|---|
| Supervision | | | | | Compliance Status | | | COS R WT | | |
| 1 | IN | OUT | NA | NO | Person in charge present, demonstrates knowledge, and performs duties | | | | | 5 |
| Employee Health | | | | | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | COS R WT | | |
| 2 | IN | OUT | NA | NO | Management and food employee awareness, reporting | | | | | 5 |
| 3 | IN | OUT | NA | NO | Proper use of restriction and exclusion | | | | | |
| Good Hygienic Practices | | | | | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | COS R WT | | |
| 4 | IN | OUT | NA | NO | Proper eating, tasting, drinking, or tobacco use | | | | | 5 |
| 5 | IN | OUT | NA | NO | No discharge from eyes, nose, and mouth | | | | | |
| Preventing Contamination by Hands | | | | | Proper cooking time and temperatures | | | COS R WT | | |
| 6 | IN | OUT | NA | NO | Hands clean and properly washed | | | | | 5 |
| 7 | IN | OUT | NA | NO | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | |
| 8 | IN | OUT | NA | NO | Handwashing sinks properly supplied and accessible | | | | | 2 |
| Approved Source | | | | | Proper reheating procedures for hot holding | | | COS R WT | | |
| 9 | IN | OUT | NA | NO | Food obtained from approved source | | | | | 5 |
| 10 | IN | OUT | NA | NO | Food received at proper temperature | | | | | |
| 11 | IN | OUT | NA | NO | Food in good condition, safe, and unadulterated | | | | | 5 |
| 12 | IN | OUT | NA | NO | Required records available: shell stock tags, parasite destruction | | | | | |
| Protection from Contamination | | | | | Proper cooling time and temperature | | | COS R WT | | |
| 13 | IN | OUT | NA | NO | Food separated and protected | | | | | 5 |
| 14 | IN | OUT | NA | NO | Food-contact surfaces: cleaned and sanitized | | | | | |
| 15 | IN | OUT | NA | NO | Proper disposition of unsafe food, returned food not re-served | | | | | 2 |
| Consumer Advisory | | | | | Proper hot holding temperatures | | | COS R WT | | |
| 23 | IN | OUT | NA | NO | Consumer advisory provided for raw and undercooked food | | | | | 4 |
| Highly Susceptible Populations | | | | | Proper cold holding temperatures | | | COS R WT | | |
| 24 | IN | OUT | NA | NO | Pasteurized foods used; prohibited foods not offered | | | | | 5 |
| Chemicals | | | | | Proper date marking and disposition | | | COS R WT | | |
| 25 | IN | OUT | NA | NO | Food additives: approved and properly used | | | | | 5 |
| 26 | IN | OUT | NA | NO | Toxic substances properly identified, stored, used | | | | | |
| Conformance with Approved Procedures | | | | | Time as a public health control: procedures and records | | | COS R WT | | |
| 27 | IN | OUT | NA | NO | Compliance with variance, specialized process, and HACCP plan | | | | | 5 |

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

| OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | Compliance Status | | | COS R WT | | |
|---|-----|--|--|--|---|--|--|----------|--|---|
| Safe Food and Water | | | | | Compliance Status | | | COS R WT | | |
| 28 | OUT | | | | Pasteurized eggs used where required | | | | | 1 |
| 29 | OUT | | | | Water and ice from approved source | | | | | 2 |
| 30 | OUT | | | | Variance obtained for specialized processing methods | | | | | 1 |
| Food Temperature Control | | | | | Utensils and Equipment | | | COS R WT | | |
| 31 | OUT | | | | Proper cooling methods used; adequate equipment for temperature control | | | | | 2 |
| 32 | OUT | | | | Plant food properly cooked for hot holding | | | | | 1 |
| 33 | OUT | | | | Approved thawing methods used | | | | | 1 |
| 34 | OUT | | | | Thermometers provided and accurate | | | | | 1 |
| Food Identification | | | | | Physical Facilities | | | COS R WT | | |
| 35 | OUT | | | | Food properly labeled; original container; required records available | | | | | 1 |
| Prevention of Food Contamination | | | | | Hot and cold water available; adequate pressure | | | COS R WT | | |
| 36 | OUT | | | | Insects, rodents, and animals not present | | | | | 2 |
| 37 | OUT | | | | Contamination prevented during food preparation, storage & display | | | | | 1 |
| 38 | OUT | | | | Personal cleanliness | | | | | 1 |
| 39 | OUT | | | | Wiping cloths: properly used and stored | | | | | 1 |
| 40 | OUT | | | | Washing fruits and vegetables | | | | | 1 |
| Proper Use of Utensils | | | | | Plumbing installed; proper backflow devices | | | COS R WT | | |
| 41 | OUT | | | | In-use utensils; properly stored | | | | | 1 |
| 42 | OUT | | | | Utensils, equipment and linens; properly stored, dried, handled | | | | | 1 |
| 43 | OUT | | | | Single-use/single-service articles; properly stored, used | | | | | 1 |
| 44 | OUT | | | | Gloves used properly | | | | | 1 |
| Administrative Items | | | | | Sewage and waste water properly disposed | | | COS R WT | | |
| 55 | OUT | | | | Current permit posted | | | | | 0 |
| 56 | OUT | | | | Most recent inspection posted | | | | | 0 |
| Non-Smokers Protection Act | | | | | Toilet facilities: properly constructed, supplied, cleaned | | | COS R WT | | |
| 57 | OUT | | | | Compliance with TN Non-Smoker Protection Act | | | | | 0 |
| 58 | OUT | | | | Tobacco products offered for sale | | | | | 0 |
| 59 | OUT | | | | If tobacco products are sold, NSPA survey completed | | | | | 0 |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food 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 report. T.C.A. sections 28-2-205, 28-14-106, 28-14-708, 28-14-709, 28-14-711, 28-14-715, 28-14-716, 4-5-329.

Signature of Person In Charge Hans Salas Date 03/25/2024 Signature of Environmental Health Specialist [Signature] Date 03/25/2024

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

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: McDonald's
Establishment Number #: 605240089

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) |
|-------------|---------------------------|
| | |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|-------------|---------------|---------------------------|
| | | |

Observed Violations

Total # 4

Repeated # 0

34:

37:

51:

52:

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Establishment Number : 605240089

Comments/Other Observations

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***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.

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

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Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

| | |
|----------------------------------|------------|
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| Establishment Number #: | 605240089 |

Sources

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