TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

			S. S. S.													O Fermer's Market Food		١	ſ	٦
Establishment Name			lementary Ca	y Cafeteria O Fermer's Merket Food Unit Type of Establishment O Mobile																
Address		12635 Lebanon Rd. O Temporary O Seasonal																		
City		Mt. Juliet		Time in	10):5	1 /	١M	AJ	M/P	M Ti	me ou	at 11:04:AM A	M / PM						
Inspe	tion	n Da	te		04/05/202	1 Establishment #	60506522	0			Emba	rgoe	d C)						
Purpo	se c	of In:	spec	tion	O Routine	ə Follow-up	O Complaint			O Pr	elimin	ary		c	Cor	nsuitation/Other				
Risk (ate	goŋ	,		01	3 22	O 3			O 4				Fo	ilow-i	up Required O Yes	鏡 No Number of 8	seats	50	
		R	isk I													to the Centers for Dise control measures to pre		tion		
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 liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																				
IN-i	i ca	mpīi	nce			e NA=not applicable	NO=not observe	d COS	e		S=cor	recte	d on-s	site duri	ng ins	pection R=repeat (v Compliance Stat	iolation of the same code provis		e	WT
	4 0	DUT	NA	NO	Comp	Supervision			~		h	IN	OUT	NA	NO		g of Time/Temperature	000	~	
1 8	8	0			Person in charge pre performs duties	esent, demonstrates kn	owledge, and	0	0	5	16	0	0	0		Control For Safe Proper cocking time and tem		0		
L.			NA	NO		Employee Health od employee awarenes	c monting	0	0			ŏ	ŏ	ŏ		Proper reheating procedures	for hot holding	ŏ	00	5
23		8			Proper use of restric		s, reporting	ō	ō	5		IN	ουτ	NA	NO	Cooling and Holding, Da a Public He				
	1 0	_	NA	NO		d Hygienic Practices			_			0	0	0		Proper cooling time and temp		0	0	_
4 8 5 8	8	8			No discharge from e	g. drinking, or tobacco yes, nose, and mouth		00	8	5	19 20	25	0			Proper hot holding temperat. Proper cold holding temperat		0	0	5
6 3		이	NA	NO O	Preventin Hands clean and pro	g Contamination by poerly washed	Hands	0	0			*			-	Proper date marking and dis			0	Ŷ
78	_	ō	0	0		ct with ready-to-eat foor	ds or approved	0	0	5	22	O IN	0	O NA	NO	Time as a public health contr Consumer	-	0	0	
8 8			NA	NO	Handwashing sinks	properly supplied and a	ccessible	0	0	2	23	0	0	12		Consumer advisory provided		0	0	4
9 8	8	0			Food obtained from			0				IN	OUT	NA	_	food Highly Suscepti	ble Populations			
10 (11)	2	8	0	8	Food received at pro Food in good conditi	oper temperature on, safe, and unadulter	ated	00	0	5	24	0	0	X		Pasteurized foods used; prof	ibited foods not offered	0	0	5
12 (5	0	X	0	Required records av destruction	ailable: shell stock tags	, parasite	0	0			IN	ουτ	NA	NO	Chem	lcals			
43 3			NA O	NO		ion from Contamina	tion	_	0		25	<u>х</u> о	0	X		Food additives: approved an		0	्र	5
13 x 14 x 15 x	8		0			es: cleaned and sanitiz	ed	ŏ	ŏ		20	IN N	OUT	NA	NO	Toxic substances properly id Conformance with A	pproved Procedures	-		
15 8	8	0			Proper disposition of served	f unsafe food, returned	food not re-	0	0	2	27	0	0	黨		Compliance with variance, sp HACCP plan	ecialized process, and	0	0	5
	-	_		Gov	vi Retail Practice	a are preventive m	ensures to co	atrol	the	intr	oduc	tion	d	atho		, chemicals, and physic	al objects into foods.			
				_							L PR			_		, encource of and halford				
				00	T=not in compliance	iance Status	COS=corre		h-site	during						R-repeat (violati Compliance Str	on of the same code provision)	0.00		WT
	_	DUT	_		Safe Fe	ood and Water						0	UT			Utensils and Equi	pment	000		
28		Ō	Wate	er and	ed eggs used where n lice from approved s	ource		0	8	2	45	5 (nfood-contact surfaces clean and used	able, properly designed,	0	0	1
30		읈	Varia	ance (ed processing methods perature Control		0	0	1	46	5 (0 1	Varew	ashin	g facilities, installed, maintain	ed, used, test strips	0	0	1
31	T	•			oling methods used; a	adequate equipment for	r temperature	0	0	2	47	_	-	Vonfoo	d-con	tact surfaces clean		0	0	1
32	+	_	contr Plan		properly cooked for h	hot holding		0	0	1	48	_	UT O P	lot and	l cold	Physical Facilit water available; adequate pr		0		2
33	_				thawing methods use eters provided and ac			0	0	1	49	_			- T	stalled; proper backflow device waste water properly dispose		0	0	2
	_	JUT				dentification		-		<u> </u>	51					s: properly constructed, supp		ŏ	ŏ	1
35	_	_	Food	i prop		container; required reco		0	0	1	52		-	-		use properly disposed; facilitie		0	0	1
36	- 12	ठ	Inse	tte re	Prevention of idents, and animals n	Food Contamination	•	0	0	2	53	_	-			lities installed, maintained, an ntilation and lighting; designa		0	0	1
37	+	-		_		g food preparation, stor	non R direlau	0	0	1	F	+	UT		10 10	Administrative I		-	_	
38	_	_			cleanliness	g rood preparation, stor	age o oispiay	0	0	+	55			Sument	Derm	nit posted		0	0	
39	+	Ó	Wipi	ng cic	ths; properly used an	nd stored		0	0	1	56	i ti				inspection posted	-	0	0	0
40	_		Was	hingt	ruits and vegetables Proper I	Use of Utensils		0	0	1						Compliance Sta Non-Smokers P		YES	NO	WT
41 42	_				nsils; properly stored automent and linens;	properly stored, dried,	handled	00	8	1	57					with TN Non-Smoker Protect ducts offered for sale	on Act	X	8	0
43		0	Sing	le-use	single-service article ed properly	es; properly stored, use	d	0	<u></u>		55	5				oducts are sold, NSPA surve	/ completed	ŏ	õ	·
	-	-				ns within ten (10) davs m	w result in suspen	_		_	service		blish	ment p	ermit.	Repeated violation of an identic	al risk factor may result in revo	ation	of yos	ar food
service	est	ablis	hmer	t per	nit. Items identified as c	constituting imminent hea	Ith hazards shall be	corre	cted is	mmed	iately o	or ope egard	ing th	ns shall is repo	cease t by f	e. You are required to post the filling a written request with the C	ood service establishment permi	t in a c	onsp	icuous
1																				
							04/0)5/2	021		_			•)4/C)5/2	2021
Signa	ture	e of	Pers	on In	Charge	Additional food safety	information can	be fo		Date on ou	-					ental Health Specialist ealth/article/eh-foodservic	e ****			Date
PH-22	57 (F	Rev.	6-15))		Free food safety t		s are	avai	lable	eacl	h ma	onth	at the	cou	inty health department.			R	DA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: W A Wright Elementary Cafeteria Establishment Number #: 605065220

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)								
Dish machine	Heat	201									

Equipment Temperature	
Description	Temperature (Fahrenheit)
	·

esoription	State of Food	Temperature (Fahrenheit

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Comments/Other Observations		
.: :: :: :: :: :: :: :: :: ::		
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0:		
1:		
2:		
3:		
4: Item corrected		
5:		
6:		
7:		
8:		
9:		
0:		
1:		
5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9		
3:		
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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.

Establishment Information

Establishment Name: W A Wright Elementary Cafeteria Establishment Number : 605065220

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	
Additional Comments		

See routine inspection for comments