TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

629

| Camera A | | | | | | | | | | | | | | | | - | |
|---|------------------|----------|----------|--------|--|----------|--------|-----------|--|---------|--------------|-----------|--------|---|----------|------|---------|
| Establishment Name | | | t Nar | | Body Kneads Coffee Co | | | | | | | | | O Farmer's Market Food Unit ant @ Permanent O Mobile | | | |
| Address | | | | | 1050 Hamilton Station Blvd Ste 103 | | | | Type of Establishment O Temporary O Seasonal | | | | | | | | |
| | | | | | Lebanon Time in | 09 |):5 | 0 A | M | A | M/P | мт | me o | ut 10:42; AM AM / PM | | | |
| City Lebanon Time in Inspection Date 12/15/2022 Establishment # 605253444 | | | | _ | | | | _ | | | | | | | | | |
| | | of In | | | Routine O Follow-up O Complaint | | | - O Pr | | | - | | Cor | nsultation/Other | | | |
| | | tegon | | | O1 122 O3 | | | 04 | | , | | | | up Required O Yes 🕱 No Number of S | ieats. | 40 |) |
| 100 | n 90 | | isk i | acto | ors are food preparation practices and employee | | vior | 8 mo | | | | y repo | ortec | to the Centers for Disease Control and Preven | | _ | |
| | | | | as c | ontributing factors in foodborne illness outbreaks FOODBORNE ILLNESS Ris | | | | | | | | | | | | |
| | | (Ma | rk de | signat | ted compliance status (IN, OUT, NA, NO) for each numbered New | | | mark | ed 01 | л, н | ark C | OS or P | for e | ach item as applicable. Deduct points for category or subcate | 19067A |) | |
| 17 | t⊧in c | ompili | ance | | OUT=not in compliance NA=not applicable NO=not observe Compliance Status | d COS | R | | S=co | rrecte | d on-s | site duri | ng ins | pection R=repeat (violation of the same code provisi Compliance Status | | R | WT |
| | IN | OUT | NA | NO | Supervision | | _ | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/Temperature | | _ | |
| 1 | 鬣 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | | 0 | 0 | | | Control For Safety (TCS) Foods Proper cooking time and temperatures | 0 | 0 | 5 |
| 2 | | OUT | NA | NO | Employee Health Management and food employee awareness; reporting | 0 | 0 | _ | 17 | 蕊 | | | | Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and Time as | 0 | 0 | Ť |
| 3 | 黨 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | | IN | | NA | NO | a Public Health Control | | | |
| 4 | X | OUT | NA | | Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use | 0 | 0 | _ | | NK O | 0 | | | Proper cooling time and temperature Proper hot holding temperatures | 0 | 0 | |
| 5 | 25 | O OUT | NA | 0 | No discharge from eyes, nose, and mouth Preventing Contamination by Hands | 0 | 0 | 5 | 20 | 100 | 8 | 0 | | Proper cold holding temperatures Proper date marking and disposition | 0 | 00 | 5 |
| 6 | 邕 | | 10-1 | 0 | Hands clean and properly washed | 0 | 0 | | 22 | _ | 6 | x | | Time as a public health control: procedures and records | ō | ō | |
| 7 | × | 0 | 0 | | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | ° | | IN | OUT | | | Consumer Advisory | | | |
| | | OUT | NA | NO | Handwashing sinks properly supplied and accessible Approved Source | 0 | 0 | 2 | 23 | 0 | 0 | 蒿 | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | 黨 | | 0 | | Food obtained from approved source Food received at proper temperature | 00 | | | | IN | OUT | - | NO | Highly Susceptible Populations | - | | |
| 11 | × | 0 | _ | | Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite | 0 | 0 | 5 | 24 | _ | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 12 | | 0 001 | X | 0 | destruction Protection from Contamination | 0 | 0 | | 25 | IN O | OUT | NA | NO | Chemicals Food additives: approved and properly used | _ | | |
| 13 | X | 0 | 0 | | Food separated and protected | | 0 | | 26 | 黨 | 0 | | · | Toxic substances properly identified, stored, used | ŏ | 00 | 5 |
| | 夏夏 | 0 | 0 | | Food-contact surfaces: cleaned and sanitized Proper disposition of unsafe food, returned food not re- | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Procedures Compliance with variance, specialized process, and | _ | 0 | |
| 15 | 2 | • | | | served | 0 | 0 | 2 | 21 | 0 | 0 | 8 | | HACCP plan | 0 | • | 5 |
| | | | | Goo | d Retail Practices are preventive measures to co | ntro | the | intr | oduc | tion | of | atho | gens | , chemicals, and physical objects into foods. | | | |
| | | | | | | | | аr.Ч | | | | 8 | | | | | |
| | | | | 00 | T=not in compliance COS=correc Compliance Status | COS | R | WT | | | | | | R-repeat (violation of the same code provision) Compliance Status | COS | R | WT |
| | 28 | OUT | Past | eurize | Safe Food and Water ed eggs used where required | 0 | 0 | 1 | 4 | | NUT Kalif | ood a | nd no | Utensils and Equipment infood-contact surfaces cleanable, properly designed, | 0 | 0 | 1 |
| | 29 30 | | | | lice from approved source obtained for specialized processing methods | 0 | 0 | 2 | \vdash | + | ~ 0 | | | and used | - | | 1 |
| | | OUT | | | Food Temperature Control | - | | | 4 | - | - | | | g facilities, installed, maintained, used, test strips ntact surfaces clean | 0 | 0 | 1 |
| | 31 | | contr | | oling methods used; adequate equipment for temperature | 0 | 0 | 2 | F | 0 | UT | 4011100 | 4.00 | Physical Facilities | Ŭ | | |
| | 32 33 | | | | properly cocked for hot holding thawing methods used | 0 | 0 | 1 | 4 | | _ | | | water available; adequate pressure stalled; proper backflow devices | 00 | 0 | 2 |
| _ | 34 | 0 | <u> </u> | | eters provided and accurate | ō | Ō | 1 | 5 | 0 | 0 | Sewag | e and | waste water properly disposed | 0 | 0 | 2 |
| _ | | OUT | | | Food Identification | | | | 5 | _ | _ | | | es: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| _ | 35 | × | Food | l prop | erly labeled; original container; required records available | 0 | 0 | 1 | 5 | | - | | | use properly disposed; facilities maintained | 0 | 0 | 1 |
| | 36 | OUT O | Insec | ts. ro | Prevention of Feed Contamination dents, and animals not present | 0 | 0 | 2 | 5 | _ | _ | | | lities installed, maintained, and clean Intilation and lighting; designated areas used | 0 | 0 | 1 |
| | 37 | - | | - | ation prevented during food preparation, storage & display | 0 | 0 | 1 | F | 0 | UT | | | Administrative Items | - | - | |
| | 38 | | | | leanliness | 0 | 0 | 1 | 5 | | _ | Durrient | pern | nit posted | 0 | 0 | |
| _ | 39 | Ó | Wipir | ng clo | ths; properly used and stored | 0 | 0 | 1 | | | | | | inspection posted | 0 | 0 | 0 |
| ť | 40 | OUT | was | ningti | ruits and vegetables Proper Use of Utensils | 0 | 0 | 1 | H | | _ | | _ | Compliance Status Non-Smokers Protection Act | YES | NO | WT |
| _ | 41 | | | | nsils; properly stored | | 0 | | 5 | | | | | with TN Non-Smoker Protection Act | X | 2 | |
| - | 42 43 | 0 | Singl | e-use | quipment and linens; properly stored, dried, handled /single-service articles; properly stored, used | 0 | 0 | 1 | 5 | 8 | | | | ducts offered for sale oducts are sold, NSPA survey completed | 0 | 00 | 0 |
| | 44 | | | | ed properly | | 0 | _ | | | | | | | | | |
| ser | vice e | stablis | hmen | t perm | tions of risk factor items within ten (10) days may result in suspen nit. Items identified as constituting imminent health hazards shall be | corre | cted i | mmed | ately | or op | eratio | ns shal | ceas | e. You are required to post the food service establishment permit | t in a c | onsp | icuous |
| mar rep | vner a ort. 7 | nd po | | | recent inspection report in a conspicuous manner. You have the rig 14-103 (8-14-706, 8-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-71 | | | t a hei | ring | egard | ling th | iis repo | n by I | Sling a written request with the Commissioner within ten (10) days | of the | date | of this |
| _ | And 4 12/15 | | | | | 5/2 | 022 | > | | | | \sim | 74 | AMA | 12/1 | 5/2 | 2022 |
| Sie | | ~ ` | M | | | | 522 | - | | | | | | ╴╧╷╨ | | | |
| 19/154 | natu | re of | Pers | on In | Charge | | [| Date | Si | inati | ire of | Envir | onme | | | | Date |

| PH-2267 (Rev. 6-15) | Free food safety training cl | | | |
|---------------------|------------------------------|--------------|-------------------------|--|
| (Net: 0-15) | Please call (|) 6154445325 | to sign-up for a class. | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: Body Kneads Coffee Co Establishment Number # [605253444

| Warewashing Info | | | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| Jackson | Heat | | 180 | | | | | |

| Equipment Temperature | | | |
|-----------------------|--------------------------|--|--|
| Description | Temperature (Fahrenheit) | | |
| Kelvinator ric | 40 | | |
| Norole | 39 | | |
| Display case | 38 | | |
| Hoshizaki ric | 40 | | |

| Food Temperature | | | |
|---------------------------|---------------|--------------------------|--|
| Description | State of Food | Temperature (Fahrenheit) | |
| Milk | Cold Holding | 40 | |
| Half and half | Cold Holding | 40 | |
| Chicken salad ric 30 mins | Cooling | 49 | |
| Sliced turkey | Cold Holding | 40 | |
| Chili | Reheating | 170 | |
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Observed Violations

Total # 3

Repeated # ()

35: Grab and go containers not properly labeled

37: Employee drink stored on shelf with crackers 45: Severely grooved cutting boards

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Body Kneads Coffee Co

Establishment Number : 605253444

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): An employee health policy is available.

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: Employee washed hands before making coffee drink

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 info

- 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) No raw animal foods cooked during inspection.
- 17: See food temps
- 18: See food temps
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See food 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: Body Kneads Coffee Co Establishment Number : 605253444

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Body Kneads Coffee Co

Establishment Number # 605253444

| Sources | | | |
|--------------|-------|---------|----------------------------|
| Source Type: | Water | Source: | City |
| Source Type: | Food | Source: | Kroger, Publix, Boars Head |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| | | | |

Additional Comments