

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Whiskey Dix Remanent O Mobile Establishment Name Type of Establishment 22 North Public Square O Temporary O Seasonal Address Murfreesboro Time in 12:29 PM AM/PM Time out 01:05: PM AM/PM City 04/03/2024 Establishment # 605315589 Embargoed 0 Inspection Date O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other Number of Seats 70

Follow-up Required

О3

#### RNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

117	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		Ö
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	邕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	- DAG	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	°
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	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	×	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	Ж	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	涎	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	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	Proper reheating procedures for hot holding	0	0	9
	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	245	0	0	L.	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	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	3%		Food additives: approved and properly used	0	0	5
26	菜	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

### trol the introduction of pathogens, chemicals, and physical objects into foods.

		OUT=not in compliance COS=con	ected or	1-6/50	άı
		Compliance Status	COS		_
	OUT	Safe Food and Water		_	_
28	0	Pasteurized eggs used where required	0	0	г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	<u> </u>
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

Signature of Person In Charge

specti		R-repeat (violation of the same code provision Compliance Status	cos	R	W
	OUT	Utensils and Equipment	1000		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	-
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	_
	OUT	OUT Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	T:
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	١.
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	,
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	Г
56	0	Most recent inspection posted	0	0	,
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	0	100	
58		Tobacco products offered for sale	18	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a l ten (10) days of the date of the

> 04/03/2024 Date Signature of Environmental Health Specialist

04/03/2024 Date

\*\*\*\* 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. PH-2267 (Rev. 6-15) RDA 629 ) 6158987889 Please call ( to sign-up for a class.

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



Establishment Information							
Establishment Name:	Whiskey Dix						
Establishment Number	<b>=</b> 1605315589						

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.	Yes
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	Yes
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	Yes
Garage type doors in non-enclosed areas are not completely open.	No
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	No
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	No
Smoking observed where smoking is prohibited by the Act.	Yes

Warewashing Info										
Machine Name	PPM	Temperature ( Fahrenhelt)								
3 comp not set up	CI									

Equipment Temperature									
Description		Temperature (Fahrenheit)							

Food Temperature						
Description	State of Food	Temperature ( Fahrenheit				

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



## Establishment Information

Establishment Name: Whiskey Dix Establishment Number: 605315589

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Pic has knowledge
- 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: No tasks performed requiring it but discussed good hand washing practices.
- 7: No tasks performed requiring them but discussed examples of scenarious where they would be required.
- 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: (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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed no tcs foods in cooling process during inspection
- 19: No tcs foods held during inspection.
- 20: No tcs foods held during inspection.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:

1:

2: 3: 4: 5:

58:

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>&</sup>quot;See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Whiskey Dix				
Establishment Number: 605315589				
Comments/Other Observations (cont'd)				
Establishment Number: 605315589  Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Information									
Establishment Name: Whiskey Dix									
Establishment Number #:	605315589			T I					
Sources									
Source Type:	Food	Source:	Kula bay						
Source Type:	Water	Source:	City						
Source Type:		Source:							
Source Type:		Source:							
Source Type:		Source:							
Additional Commen	ts								