TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| | | | | | | | | | | | | | | | | | - - | <u> </u> | |
|----------------------------|------|----------|----------|-------------|--|--|-----------------------|---------|--------|-----------|----------|------------|----------------------------|------------|----------|--|---------|----------|---------|
| Estab | ish | mer | nt Nar | | Quinn's Nei | ghbourhood P | ub & Eatery | | | | | т | - | f Esta | hlicher | O Fermer's Market Food Unit ment I Permanent O Mobile | ≻ | ረ | |
| Addre | 55 | | | | 1010 Murfre | eesboro Rd | | | | | | , | ype o | N E510 | Unshin | O Temporary O Seasonal | | | |
| City | | | | | Franklin | | Time in | 12 | 2:4 | 5 F | PM | 1, | AM / | PM | Time | out 02:00; PM AM / PM | | | |
| Inspec | - | • 0 | ate | | 06/30/20 | 22 Establishment | | | | | | _ | | 10 | | | | | |
| Purpo | | | | | MRoutine | O Follow-up | O Complaint | | | - O Pr | | | | | 00 | onsultation/Other | | | |
| Risk | | | | | 01 | 8022 | 03 | | | 04 | | , | | | | w-up Required 賞 Yes O No Number of | Seats | 12 | 2 |
| | | - | | | | | and employee | | vior | 3 m | | | | ly re | porte | ed to the Centers for Disease Control and Preve | | | |
| | | | | as c | ontributing fac | | | | | | | | | | | e control measures to prevent illness or injury. H INTERVENTIONS | | | |
| | | (1 | ark de | algna | ted compliance stat | | | | | | | | | | | each item as applicable. Deduct points for category or subcat | egory | 9 | |
| IN=ir | 1 00 | mpi | iance | | | nce NA=not applicable pliance Status | NO=not observe | | R | | _ | orrect | led or | n-site d | uring ir | nspection R=repeat (violation of the same code provit Compliance Status | | R | WT |
| 1 | 4 | τυς | NA | NO | | Supervision | | | | | | IN | | JT N | N | | | _ | |
| 10 | 7 | Ņ | | | Person in charge performs duties | present, demonstrates | knowledge, and | 0 | 0 | 5 | 1 | 6 C | 10 | 5 0 | 12 | Control For Safety (TCS) Foods Proper cooking time and temperatures | 0 | 0 | |
| 2 | | | NA | NO | Management and | Employee Health food employee awaren | ess: reporting | 0 | 0 | | 1 | 7 0 | | | 122 | Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and Time as | 0 | Ó | 0 |
| 3 8 | - | 0 | 1 | | | riction and exclusion | | 0 | 0 | 5 | | IN | | л п. | NC | a Public Health Control | | | |
| | _ | DUT | NA | | | od Hygionic Practic ting, drinking, or tobacc | | | 0 | | | 8 B | | | _ | Proper cooling time and temperature Proper hot holding temperatures | 0 | 0 | |
| 5 8 | 8 | 0 | | 0 | No discharge from | eyes, nose, and mout | h | ŏ | ŏ | 5 | 2 | 0 0 | 18 | 8 C | | Proper cold holding temperatures | 0 | 0 | 5 |
| 6 (| | 201 | NA | | Hands clean and p | | | 0 | 0 | | 2 2 | 1 0 2 0 | - | | | Proper date marking and disposition Time as a public health control: procedures and records | 0 | 0 | |
| 7 0 | | X | 0 | 0 | alternate procedur | | | 0 | 0 | 5 | | IN | | | NK | | Ĕ | Ľ | |
| 8 3 | | | NA | NO | Handwashing sink | s properly supplied and Approved Source | f accessible | 0 | 0 | 2 | z | 3 🕅 | 3 | | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | | 0 | _ | | | m approved source proper temperature | | | 0 | | | IN | - | | _ | Highly Susceptible Populations | | _ | |
| 11 8 | K | 0 | | _ | Food in good cond | ition, safe, and unadult | | ŏ | 0 | 5 | 2 | 4 0 | 2 | > 8 | ۱. | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 12 (| | 0 | XX NA | 0 | destruction | available: shell stock ta | | 0 | 0 | | | IN | | | A NO | | | | |
| 13 8 | 8 | 0 | 0 | NO | Food separated an | ction from Contamin nd protected | hation | | 0 | | 2 | 5 O 6 O | 1 2 | | _ | Food additives: approved and properly used Toxic substances properly identified, stored, used | 0 | 0 | 5 |
| 14 8 | _ | _ | 0 |] | | oces: cleaned and sanit of unsafe food, returne | | 0 | | | | IN | - | JT N | - | Comformance with Approved Procedures Compliance with variance, specialized process, and | - | | _ |
| 15 🖇 | 8 | 0 | | | served | | | 0 | 0 | 2 | Z | 7 0 | 1 | 2 | | HACCP plan | 0 | 0 | 5 |
| | | | | Goo | d Retail Practic | ces are preventive | measures to co | ontro | l the | intr | rodu | ctio | n of | path | oger | ns, chemicals, and physical objects into foods. | | | |
| | | | | | | | | GOO | | | | | | () | | | | | |
| | _ | _ | _ | 00 | | pliance Status | COS=corre | | R | | ĺĽ | | | | | R-repeat (violation of the same code provision) Compliance Status | COS | R | WT |
| 28 | _ | | | eurize | Safe ed eggs used where | Food and Water | | 0 | 0 | 1 | | - | OUT | Food | and r | Utensils and Equipment nonfood-contact surfaces cleanable, properly designed, | | | |
| 29 | | Ō | Wat | er and | lice from approved | | <i>t.</i> | 0 | 0 | 2 | ۱Ľ | 45 | 0 | | | d, and used | 0 | 0 | 1 |
| - 30 | _ | DUT | | anicer | | mperature Control | <u>م</u> | | | - | ᄂ | 46 | 0 | | | ing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 31 | | 0 | Prop | | oling methods used | t; adequate equipment | for temperature | 0 | 0 | 2 | ŀŀ | 47 | O OUT | Nonfe | xod-cx | ontact surfaces clean Physical Facilities | 0 | 0 | 1 |
| 32 33 | _ | | | | properly cooked for thawing methods u | | | 8 | 8 | _ | | 48 49 | 8 | | | Id water available; adequate pressure installed; proper backflow devices | 8 | 8 | 2 |
| 34 | _ | | <u> </u> | | eters provided and | | | ŏ | ŏ | 1 | | 50 | ŏ | Sews | ge an | nd waste water properly disposed | 0 | 0 | 2 |
| | (| | _ | | | d identification | eards and Table | | | | . – | 51 | 0 | _ | | ties: properly constructed, supplied, cleaned | 0 | | |
| 35 | - | 0 700 | F 000 | a prop | | al container; required re | | 0 | 0 | 1 | ᄂ | 52 53 | - | | ~ | efuse properly disposed; facilities maintained cilities installed, maintained, and clean | 0 | 0 | 1 |
| 36 | Т | <u>N</u> | Inse | cts, ro | dents, and animals | | | 0 | 0 | 2 | . – | 54 | 0 | | | ventilation and lighting; designated areas used | ō | 0 | 1 |
| 37 | T | X | Cont | tamin | ation prevented dur | ing food preparation, st | torage & display | 0 | 0 | 1 | | | OUT | | | Administrative items | | - | |
| 38 | 1 | - | | | leanliness | | | 0 | 0 | 1 | | 55 | 0 | | | rmit posted | 0 | 0 | 0 |
| 39 | _ | _ | | _ | ths; properly used ruits and vegetable | | | | 0 | | IF | 56 | × | Most | recen | t inspection posted Compliance Status | | O NO | WT |
| OUT Proper Use of Utensils | | | | | | | | | | | <u> </u> | | Non-Smokers Protection Act | | <u> </u> | | | | |
| 41 42 | | | | | nsils; properly store squipment and liner | id hs; properly stored, drie | d, handled | 8 | 8 | 1 | ΙH | 57 58 | | | | e with TN Non-Smoker Protection Act roducts offered for sale | 8 | 8 | 0 |
| 43 | | 0 | Sing | le-use | | cles; properly stored, u | | 0 | 8 | 1 | 16 | 59 | | | | products are sold, NSPA survey completed | | õ | |
| | - | | | | | ame within ten (40) daws | may result in susper | - | | | | | والملحة | it man | nemi | t. Repeated violation of an identical risk factor may result in revo | cation | of we | or foo |
| service | - 65 | abli | shmer | nt perm | nit. Items identified a | s constituting imminent h | ealth hazards shall b | e corre | cted i | mmed | Siately | y or o | perati | ions sh | all cea | se. You are required to post the food service establishment perm y filing a written request with the Commissioner within ten (10) day | it in a | consp | vicuour |
| report. | | | | | | 14-708, 68-14-709, 68-14-7 | | | | | | | | - | | | | | |
| _ | | 1 | - | A | | | 06/3 | 30/2 | 022 | 2 | _ | _ | | X | _ | 60- | 06/3 | 30/2 | 2022 |
| Signa | tun | e of | Pers | ion In | Charge | | | | (| Date | S | igna | ture | of Env | ironn | nental Health Specialist | | | Date |
| | | | | | | | P | | | | | | | - | - | /health/article/eh-foodservice | | | |
| PH-22 | 57 d | Rev | 6-15 | | | rree food safet | y training classe | s are | ava | labk | e ea | cn n | nont | n at t | ne co | ounty health department. | | R | DA 625 |

| PH-2267 (Rev. 6-15) | Free food safety training cla | sses are available each mon | th at the county health department. | RDA 6 |
|---------------------|-------------------------------|-----------------------------|-------------------------------------|-------|
| P192201 (Nev. 0-10) | Please call (|) 6157915110 | to sign-up for a class. | nDe c |
| | | | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Quinn's Neighbourhood Pub & Eatery Establishment Number # 605249242

| 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 | Cl | 50 | | | | | | | | |
| 3 comp not set up | Cl | | | | | | | | | |

| Equipment Temperature | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Food Temperature | | |
|--|---------------|--------------------------|
| Decoription | State of Food | Temperature (Fahrenheit) |
| Two hamburger patties and a chicken breast | Hot Holding | 100 |
| 4 packs of corned beef sitting out thawing | Thawing | 70 |
| All tcs toppings in pizza prep cooler | Cold Holding | 48 |
| Chicken breast sitting out cooling | Cooling | 70 |
| Cooked noodles sitting out cooling | Cooling | 55 |
| Burger patties in lower pc | Cold Holding | 41 |
| Sliced tomatoes in pc | Cold Holding | 40 |
| All tcs foods in wic | Cold Holding | 40 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total # 14 Repeated # ()

1: Nobody in kitchen can discuss cold holding and hot holding temps. They keep telling me i dont know.

4: Observed employee drinking from open cup directly over portioned saucers of ketchup.

6: No hand washing took place during inspection and i observed several times tasks were. Also, observed two employees on phone as i walked in and they resumed food prep without washing hands.

7: Observed employee squeeze a lemon into glass for customer with bare hand. 19: Hamburger patties and chicken breast. See temp log. Discarded all

20: Tcs pizza toppings in pc and four bags of corned beef. See temp log. Also,

corned beef sitting out thawing was not being prepped. Discarded all

26: Sani bucket stored directly beside sani bucket on prep table.

33: 4 bags of corned beef sitting out at room temp thawing.

36: Large flys present.

37: Several drinks stored on prep tables.

41: Several knives stored between pipe and wall. Also knife stored between two prep coolers

44: Observed employee employee go into wic, come out and did not change gloves or wash hands before resuming food prep.

53: Damaged wall by ice machine.

56: Inspection posted is over 2 years old.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Name: Quinn's Neighbourhood Pub & Eatery

Establishment Number : 605249242

Comments/Other Observations

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

3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

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: (NO) No raw animal foods cooked during inspection.

17: (NO) No TCS foods reheated during inspection.

18: Pic stated cooked chicken breast and noodles were cooked one hour prior to 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: Verified advisory with associated menu items.

24: (NA) A highly susceptible population is not served.

25: (NA) Establishment does not use any additives or sulfites on the premises.

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.

***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: Quinn's Neighbourhood Pub & Eatery Establishment Number : 605249242

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Quinn's Neighbourhood Pub & Eatery
Establishment Number #: 605249242

| Sources | | | | | | | | |
|------------------|-------|---------|-------|--|--|--|--|--|
| Source Type: | Food | Source: | Sysco | | | | | |
| Source Type: | Water | Source: | City | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Additional Comme | ents | | | | | | | |

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