TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE																						
ß		i i	T. C.																		7	
Establishment Name								-				Farmer's Market Food Unit Ø Permanent O Mobile	Q									
Addn	Address 1342 W. Main St Ste C								T Y	peor	Establ	ishme	O Temporary O Seasonal									
City					Ē	.ebanon			Time in	10):5	5 A	M	A	M/P	мті	me o	ut 11:10:AM AM/PM				
Inspe	otio	n Da	te		ō	2/16/20)24 _{Est}	ablishment # 6052		_				_	d C							
				tion	_	Routine	優 Folio		omplaint			- O Pri			~ -		Co	nsultation/Other				
	Purpose of Inspection O Routine B Follow-up O Complaint O Preliminary O Consultation/Other Risk Category 第1 O 2 O 3 O 4 Follow-up Required O Yes K No Number of Seats																					
- oper	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																					
		(Me	ırk de	nigr	ate	d compliance sta												ech liem as applicable. Deduct points for c	ategory or subcate	gery.		
IN-	in ca	ompii	ance		0	OUT=not in complia Con	nce NA=n		ot observed		R		\$=co	recte	d on-s	site dur	ing int	Spection R*repeat (violation of the Compliance Status			R	WT
	IN	ουτ	NA	NK	Þ		Super	vision						IN	OUT	NA	NO	Cooking and Reheating of Time/	Temperature		_	
1	2	0				Person in charge enforms duties	present, der	monstrates knowledge,	, and	0	0	5	16	0	0	0	×	Control For Safety (TCS) I Proper cooking time and temperatures	foods	0	0	
2			NA	NK		lanacement and		e Health wee awareness; report	ina	0	0		17	0	0	0	X	Proper reheating procedures for hot hold		00	0	•
	-	ō				Proper use of res				0	ō	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking a Public Health Contro				
		_	NA		_			ic Practices		~				0	0			Proper cooling time and temperature		0	읭	
	2	0		0) N	to discharge from	m eyes, nose			00	8	5	20	X	0	0		Proper hot holding temperatures Proper cold holding temperatures		0	0	5
		001	NA			Preven lands clean and		mination by Hands		0	0	_		*				Proper date marking and disposition			Ō	Ť
_		ō	0	lõ	, N	to bare hand cor	ntact with rea	ady-to-eat foods or app	proved	ō	ō	5	22		0	×		Time as a public health control: procedur	res and records	0	٥	
8	K	0			F	Itemate procedu fandwashing sin	ks properly s	supplied and accessible	e	0	0	2	23	IN O	OUT	10A	NO	Consumer advisory provided for raw and	undercooked	0	0	4
_	_	OUT	NA	NK	_	ood obtained fro		d Source	-	0	0	-	-	IN	OUT		NO	food Highly Susceptible Popula	tions	-	-	
10 11	9	8	0	12		ood received at		erature and unadulterated		00	00	5	24	0	0	×		Pasteurized foods used; prohibited foods	s not offered	0	0	5
	_	ō	X	0	, F			hell stock tags, parasite	e	ō	ŏ			IN	OUT	NA	NO	Chemicals			_	
			NA	NK	2	Prote		Contamination						0	0	X	 	Food additives: approved and properly u		0	<u> </u>	5
13) 14)		응	8			ood separated a ood-contact surf		d ed and sanitized		0	00	4	26	峎 IN	0 OUT		NO	Toxic substances properly identified, sto Confermance with Approved P		0	0	
		0	-			Proper disposition erved	n of unsafe f	ood, returned food not	re-	0	0	2	27	0	0	8		Compliance with variance, specialized pr HACCP plan	rocess, and	0	0	5
	_														-							
				Go	bod	Retail Practi	ices are p	reventive measure							_		geni	s, chemicals, and physical objects	s into foods.			
				0	UT-	not in compliance	,	0	OS=correct			a (A) during				5		R-repeat (violation of the sam	te code provision)			
	_	OUT		_	_		pliance S	tatus	-	COS	R	WT	É		NLL			Compliance Status Utensils and Equipment		COS	R	WT
28	-	0				eggs used when	re required	water .	_	0	0	1	4		o F			onfood-contact surfaces cleanable, proper	ly designed,	0	0	1
29 30	_					ce from approve tained for specia		ising methods		8	0	2	4	+	- c			and used	at at day		-	-
		OUT	Des				emperatur		-	_				_	_	Warewashing facilities, installed, maintained, used, test strips Nonfood-contact surfaces clean			st strips	0	0	1
31		0	cont		coli	ng methods use	d, adequate	equipment for tempera	ature	0	0	2	F	_	O NUT	*		Physical Facilities		0	0	1
32	_					roperly cooked f		g		8	8		4	_				d water available; adequate pressure		0	읭	2
34	_					awing methods ers provided and				ö	8	1		_	_			stalled; proper backflow devices I waste water properly disposed		0	허	2
		OUT					d identific	ation		-	_				-			es: properly constructed, supplied, cleane	đ	õ	ŏ	1
35		0	Foo	d pro	oper	rly labeled; origin	al container	required records avail	iable	0	0	1	5	2	o o	Sarbaç	e/ref	use properly disposed; facilities maintaine	d b	0	0	1
	-	OUT				Prevention	of Food Co	ontamination							-			lities installed, maintained, and clean		0	0	1
36		0	Inse	cts,	rode	ents, and animal	is not preser	ıt		0	0	2	5	4	0 /	Adequa	ste ve	entilation and lighting; designated areas us	jed	0	0	1
37							ring food pre	eparation, storage & dis	splay	0	0	1			TUK			Administrative Items				
38		-	-			anliness s; properly used	and stored			0	0	1				Durrent Vost re	t pern	nit posted inspection posted		0	0	0
40		0				its and vegetabl				õ			É		<u> </u>			Compliance Status		YES		WT
41	_	OUT	In-ue	50 11	tens	Prope als; properly stor	er Use of U	tensils		0	0	1		7	-	Somol	ance	Non-Smokers Protection A with TN Non-Smoker Protection Act	Act	X	01	
42		20	Uter	nsils,	eq	uipment and line	ins; properly	stored, dried, handled		0	0	1	5	8		lopaco	o pro	oducts offered for sale		0	0	0
43	_					single-service and properly	ticles; prope	rly stored, used			8		5	9	ł	f tobac	co pr	roducts are sold, NSPA survey completed		0	0	
_	_						items within 1	en (10) dave may result i	in suspensi			_	service	0.000	ablish	ment n	ermit	Repeated violation of an identical risk factor	may result in reven	ation	af wee	r food
servic	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 conscituting imminent health hazards shall be corrected immediately or operations shall cease.																					
	nanner 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 68-14-703, 68-14-708, 68-14-708, 68-14-715, 68-14-715, 68-14-716, 4-5-320.																					
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Sign	atur	e of	Pers	son	In C	Charge						Date	Sic	natu	ire of	Envir	onme	ental Health Specialist				Date

Signature of	Person In Charge
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**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****

PH-2267 (Rev. 6-15)	Free food safety training ck	RDA 629		
(Net. 0-10)	Please call () 6154445325	to sign-up for a class.	hor des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Little Caesars Pizza Establishment Number #: [605256169

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						

-quipment l'emperature								
Description	Temperature (Fahrenheit)							

esoription	State of Food	Temperature (Fahrenheit

Observed Violations		
Total # 3 Repeated # 0	 	
Repeated # ()		
37:		
39:		
39.		
12:		

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Little Caesars Pizza Establishment Number : 605256169

Comments/Other Observations	
Comments/Other Observations Violation has been corrected. Violatio	
). 	
3:	
I: Violation has been corrected.	
7.	
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26. 26.	
27.	
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: Little Caesars Pizza

Establishment Number: 605256169

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Little Caesars Pizza Establishment Number #: 605256169

Sources		
Source Type:	Source:	
Additional Comments		

Priority item corrected.