## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT



Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| GOOD RETAIL PRACTICE3 |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| OUTEnctin complance |  |  | cos | Sto | WT | ection $R$-repest (virsion of fie same cose provision) |  |  |  |  |  |
| Compliance Status |  |  |  | R |  | Compliance Status |  |  | Cos\| R | |  | WT |
|  | OUT | Safo Food and Weter |  |  |  |  | OUT | Utensils and Equipment |  |  |  |
| 28 | 0 | Pasteunzed eggs used where required | 0 | O | 1 | 45 | E | Food and nonfood-contact surfaces cleanable, properly designed. | 0 | 0 | 1 |
| 29 | 0 | Water andice from approved soutce | 0 | 0 | 2 | 45 | \% | constructed, and used | 0 | 0 | 1 |
| 30 | 0 | Varance obtained for specialized processing methods | 0 | 0 | 1 |  | 0 | Warewashing facilibes, instaled, maintained, used, test strips | 0 | 0 | 1 |
|  | OUT | Foed Temperature Control |  |  |  | 46 |  | Warewashing facilices, instaled, maintaned, used, west suipo |  | 0 |  |
| 31 | 0 | Proper cooling methods used, adequate equipment for temperature | 0 | O | 2 | 47 | 0 | Nonfood-contact suffaces clean | 0 | 0 | 1 |
| 31 |  |  |  |  |  |  | OUT | Physical Facllitios |  |  |  |
| 32 | 0 | Plant food properly cooked for hot hoiding | 0 | 0 | 1 | 48 | 0 | Hot and cold water available, adequate pressure | 0 | O | 2 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | 49 | 5 | Plumbing instalect, proper backlow devices | 0 | 0 | 2 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | 50 | 0 | Sewsge and waste water properly disposed | 0 | 0 | 2 |
|  | OUT | Food Idontification |  |  |  | 51 | 0 | Todet facilities. properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 35 | $\bigcirc$ | Food properly labeled, original container, required records avalable | 0 | 0 | 1 | 52 | 0 | Garbage/refuse properly disposed, facilises maintained | 0 | 0 | 1 |
|  | OUT | Prevention of Feed Contamination |  |  |  | 53 | 0 | Physical faciites instaled, maintained, and clean | 0 | 0 | 1 |
| 36 | $\bigcirc$ | Insects, rodents, and animals not present | 0 | 0 | 2 | 54 | 0 | Adequate ventilation and lighting. designated areas used | $\bigcirc$ | 0 | 1 |
| 37 | 88 | Contamination prevented during food preparation, storage \& display | 0 | 0 | 1 |  | OUT | Administrative Items |  |  |  |
| 38 | $\bigcirc$ | Perscnal cleanliness | 0 | 0 | 1 | 55 | 0 | Current permit posted | 0 | 0 | 0 |
| 39 | 0 | Wiping clotis, properly used and stored | 0 | 0 | 1 | 56 | 0 | Wcost recent inspection posted | 0 | 0 |  |
| 40 | 0 | Washing fruts and vegetables | 0 | 0 | 1 |  |  | Compliance Status | YES | NO. | WT |
|  | OUT | Proper Use of Utensils |  |  |  |  |  | Non-Smokers Protection Act |  |  |  |
| 41 | 0 | In-use utensls; properiy stored | 0 | O | 1 | 57 |  | Complance with in Non-Smolegr Protecton Act | 2 | O |  |
| 42 | 0 | Utensils, equipment and linens, properily stored, dried, handled | 0 | 0 | 1 | 58 |  | Tobacco products offered for sale | 0 | 0 | 0 |
| 43 | 0 | Single-use/single-service articles, properly stored, used | 0 | 0 | 1 | 59 |  | If tobacto products are sold. NSPA surver completed | 0 | 0 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

[^0]TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

| Establishment Information |
| :--- |
| Establahment Name: Food Works |
| Establahment: Number $: \quad 605210756$ |



| Warewashinq Info | sanitizer Type | PPM | Temperature ( Fahrenhelt) |
| :---: | :---: | :---: | :---: |
| Maohine Name |  |  |  |
|  |  |  |  |

Equipment Temperature

| Decoription | Temperature (Fahrenheit) |
| :--- | :--- |
|  |  |


| Food Temperature | state of Food | Temperature ( Fahrenheit) |
| :--- | :--- | :--- |
| Decoription |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Establishment Information

Establishment Name: Food Works
Establishment Number: 605210756

## Comments/Other Observations

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## Additional Comments

See last page for additional comments.

[^1]Comments/Other Observations (cont'd)

Additional Comments (cont'd)

## Establishment Information

Establishment Name: Food Works
Establishment Number \#. 605210756

## Sources

Source Type:
Source:

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## Additional Comments

\#20 and \#23 corrected.


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[^1]:    ${ }^{* \cdots}$ See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

