## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Come /																					
~	and a	and the second	10°	L	Jaiku Lik	aachi											O Farmer's Market Food Unit	$\mathbf{O}$		7	
Estat	blist	imen	t Name	_	Haiku Hibachi Type of Establishment O Mobile							9									
Address		-	5318 Rin		d.					_					O Temporary O Seasonal						
City				-	East Ridg	·				L:3						me o	ut 01:45; PM AM/PM				
Inspe	etic	n Da	rte	1	1/03/2	2 <u>023</u> E	istablishment #	60522706	9		-	Embi	argoe	d 0	)						
Purp	ose	of In	spection	•	Routine	續Fo	llow-up	O Complaint			<b>O</b> Pr	elimir	ary		C	Cor	nsuitation/Other				
Risk	Cat				D1	<b>X</b> 2	n nenchican	03	hake		04	-					up Required O Yes X No M to the Centers for Disease Control and	Number of Se		46	
		_															control measures to prevent illness of		aon		
		(11	rk desig	nite	d compliance :	status (IN, O											INTERVENTIONS ach item as applicable. Deduct points for categor	y or subcate	gory.)		
IN-	in c	ompii	ance	0		ompliance NA	-not applicable	NO=not observe	d COS			)S=co	rrecte	d on-s	ite duri	ing ins	pection R=repeat (violation of the same Compliance Status			•	WT
	IN	OUT	NA N	0			orvision			~		F	IN	оит	NA	NO	Cooking and Reheating of Time/Temp		coa	~1	**1
1 1	×	0			Person in char performs dutie		demonstrates k	nowledge, and	0	0	5	16	12				Control For Safety (TCS) Foods Proper cooking time and temperatures		0	oT	
			NA N	0		Emplo	oyee Health ployee awarene	ee: monorting	~				õ				Proper reheating procedures for hot holding		8	<u>ठ</u>	5
2 3		0		- F	Proper use of i			iss, reporting	ŏ	ŏ	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, and a Public Health Control	Time as			
	IN		NA N				onic Practice						0	0	0		Proper cooling time and temperature		0		_
4		0					king, or tobacco ose, and mouth		0	0	5	19	Š	0	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	응	
	IN	OUT	NA N	0	Prev	enting Con	tamination b			· · · ·			õ			0	Proper date marking and disposition		õ	ŏ	9
_		0	0 0	- 1	Hands clean a			ods or approved	0	0 0	5	22	0	0	×	0	Time as a public health control: procedures and	d records	0	0	
8				- 0	alternate proce landwashing		ed ly supplied and	accessible		6	2	-	IN	OUT	-	NO	Consumer Advisory Consumer advisory provided for raw and under	rcooked	_		
	IN	OUT	NAN	0		Appro	ved Source				_	23	× IN	O	O NA	110	food		0	0	4
10	≊ 0	0	03	R	ood obtained	at proper ter	mperature		0			24		001	22	NO	Highly Susceptible Populations Pasteurized foods used; prohibited foods not of		0	0	5
11 2	S 0	0	20				(e, and unadulte shell stock tag		0	0	5	H	IN	OUT		NO	Chemicals	icited and	-		•
			NA N	-  d	Sestruction	otection fr	om Contamin	ation	-		_	25	0				Food additives: approved and properly used		0	न	
13 3	2	0	0	E	ood separate					0		26	民	0		·	Toxic substances properly identified, stored, us		õ	ō	5
14 2	_	_	<u> </u>				aned and saniti e food, returned		0		5	-			NA		Conformance with Approved Procee Compliance with variance, specialized process				
15 3	8	0		5	served				0	0	2	21	0	0	黛		HACCP plan		0	0	5
			G	ood	Retail Pra	ctices are	preventive	measures to co	ntro	l the	intr	oduc	tion	ofp	atho	gens	, chemicals, and physical objects into	foods.			
					not in complian	666		COS=corre	GOO						5		R-repeat (violation of the same code	om (sing)			
		_			C	ompliance		000-0016		R		Ē					Compliance Status		COS	R	WT
28	_	OUT	Pasteur	ized	Sa l eggs used w	nte Food an here require			0	0	1		_	UT	ood ar	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly desi	aned.			
29 30	_	0	Water a	ind i	ce from appro	oved source	cessing method	<i>u</i>	0	0	2	4					and used		•	0	1
	_	OUT	variante	000			ure Control	9			_	4		-			g facilities, installed, maintained, used, test strip	5	0	0	1
31		0	Proper control	cooli	ing methods u	used; adequa	te equipment fo	or temperature	0	0	2	4	_	O N UT	lonfoo	d-cor	Physical Facilities		0	0	1
32	_		Plant fo		properly cooke		ding		0			4	8	0			water available; adequate pressure		0		2
33	_				nawing methor tens provided a				0	0	1	4		_			stalled; proper backflow devices waste water properly disposed			8	2
	_	OUT				ood identi			Ľ		-						es: properly constructed, supplied, cleaned			ŏ	1
35	;	0	Food pr	ope	rly labeled; ori	iginal contair	er; required rec	cords available	0	0	1	5	2	o  o	Sarbag	e/refi	use properly disposed; facilities maintained		0	이	1
	-	OUT					Contaminatio	ən				5	_	-			lities installed, maintained, and clean		_	0	1
36	•	0	Insects,	rod	lents, and anir	mais not pres	sent		0	0	2	5	4	0 / <sup>^</sup>	vdequa	ite ve	ntilation and lighting; designated areas used		0	0	1
37	_					during food	preparation, sto	orage & display	0	0	1			UT			Administrative items				
38	_				eanliness hs; properly us	sed and store	ed		8	0	1	5					nit posted inspection posted		0	읭	0
40	,	0			uits and veget	ables			Ő				_	_			Compliance Status		YES	NO	WT
41	_	OUT	In-use u	dens	Pro sils; properly s	oper Use of stored	Utensiis		0	0	1	5	7	-	Somplis	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act		251	ग	
42		0	Utensils	i, eq	uipment and I	linens; prope	rly stored, dried perly stored, us		0	0		5	8	T	obacc	o pro	ducts offered for sale oducts are sold, NSPA survey completed		0	0	0
44					d properly	anoles, pro	pung sundu, us	nund.		ŏ		2	*	1	100000	so pr	server are aver, nor realities compress		-	-	
																	Repeated violation of an identical risk factor may re				
mann	er a	nd po	st the mo	st re	cent inspection	n report in a co	onspicuous mann	ver. You have the rig	fit to r	eques							e. You are required to post the food service establis fling a written request with the Commissioner within				
epon		5		vo+14	-703, 08/14/705	,	-14-709, 08-14-71	1, 68-14-715, 68-14-7					7	7		1	Elle				
	_	ð						11/0	)3/2	_		-		<u> </u>			\	1	1/0		023
Sign	atu	e of	Person	in C	unarge			inferred in			Date						ental Health Specialist				Date
						Additio	≂iai lood safet	y mormation car	De to	JUNG (	on ou	ir wet	vsite,	nttp	own.g	jow/h	ealth/article/eh-foodservice				

	-			
PH-2267 (Rev. 6-15)	Free food safety training class	RDA 629		
(101.0-10)	Please call (	) 4232098110	to sign-up for a class.	

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



#### Establishment Information

Establishment Name: Haiku Hibachi Establishment Number #: 605227069

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
			l						

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

ecoription	State of Food	Temperature ( Fahrenheit

Observed Violatio	กธ		
Total # 3			
Repeated # ()			
34:			
)4.			
45:			
46:			

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



#### Establishment Information

Establishment Name: Haiku Hibachi Establishment Number : 605227069

Comments/Other Observations	
0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 5: 6: 7: 8: 9: 0: 1: 7: 8: 9: 0: 1: 7: 8: 9: 0: 1: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 8: 7: 7: 8: 8: 7: 8: 8: 7: 8: 8: 8: 8: 8: 8: 8: 8: 8: 8	
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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: Haiku Hibachi

Establishment Number : 605227069

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Haiku Hibachi Establishment Number #. 605227069

Sources		
Source Type:	Source:	

## Additional Comments

\*\*Priority items #13,26 corrected. See original inspection dated 11/3/23.\*\*