TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100	100	1	AN A													O Fermada Madrat Food					
Establishment Name			t Nar	me	Metro Center Sonic #2631 Type of Establishment O Mobile									Ś							
Address			3115 Clarksv	ville Hwy.						.,,				O Temporary O Se							
City			Nashville		Time in	01	L:1	Q F	РΜ	A	M/P	мті	me o	ut 01:50:PM A	M / PM						
Insp	ectic	n Da	ste		04/22/202	4 Establishment #	60513405	9			Emb	argoe	d ()							
Purp	ose	of In	spec		Routine	O Follow-up	O Complaint			O Pr					Cor	nsultation/Other					
Risk	Cat	egor	y		01	3 82	O 3			O 4				Fo	ollow-	up Required 🕱 Yes	O No Nu	mber of S	eats	27	
		R	isk													to the Centers for Disc control measures to pro	ase Control and	Prevent			
						FOODBORNE	ILLNESS RI	SK F	ACT	ORS	AND	PU	BLIC	HEA	штн	INTERVENTIONS					
IN	in c	(C) ompli		algae		(IN, OUT, NA, NO) for eac e NA=not applicable	NO=not observe		ite mi							spection Rerepent ()	t points for category riolation of the same co				
	_		_	_		liance Status	100 100 000011		R	WŤ	ĨĒ	1	1			Compliance Stat	tus		cos	R	WT
\rightarrow			NA	NO	Person in charge pr	Supervision esent, demonstrates kno	wiedce and					IN	ou	NA	NO	Cooking and Reheating Control For Safe	• • • • • • • • • • • • • • • • • • • •	ature			
	訚 IN	0	NA	NO	performs duties	Employee Health	meage, and	0	0	5		0	8			Proper cooking time and tem Proper reheating procedures			8	श	5
2	X		nua			od employee awareness	; reporting	0	0	5	۱Ľ		00		NO	Cooling and Holding, Da		ime as	01	-	
$ \rightarrow $	×	0			Proper use of restric			0	0	Ů							aith Control		-	-	
		001	NA			d Hygienic Practices g. drinking, or tobacco u	se	0	0		15	0		0		Proper cooling time and tem Proper hot holding temperate			8	0	
4	in in	0	NA	0	No discharge from e	yes, nose, and mouth		0		ů	20		X	0	~	Proper cold holding temperat Proper date marking and dis			0	8	5
	2	0			Hands clean and pro	operly washed		0	0		22		ŏ	×	ŏ	Time as a public health contr		ecords	_	ŏ	
7	×	0	0	0	No bare hand conta alternate procedures	ct with ready-to-eat food: s followed	s or approved	0	0	5		IN		NA			Advisory		-	-	
8		our	NA	NO		properly supplied and ac Approved Source	cessible	0	0	2	23	3 0	0	13		Consumer advisory provided food	for raw and underco	oked	0	0	4
9	嵐	0			Food obtained from	approved source			0			IN	ou	NA	NO		ble Populations		_	-	
10		0	0		Food received at pro Food in good conditi	oper temperature ion, safe, and unadultera	ted	8	0	5	24	0	0	22		Pasteurized foods used; prof	hibited foods not offe	red	0	이	5
	0	0	X	0	Required records av destruction	ailable: shell stock tags,	parasite	0	0			IN	out	NA	NO	Chen	licais				
13				NO		tion from Contaminat	lon		0		25	5 O	8	X		Food additives: approved an	<u> </u>		8	읽	5
14	1	0				es: cleaned and sanitize	d	6		4		IN	00	r na	NO	Toxic substances properly id Conformance with A			0		
15	2	0			Proper disposition or served	f unsafe food, returned fo	ood not re-	0	0	2	27	0	0	×		Compliance with variance, s HACCP plan	pecialized process, a	ind	0	0	5
				-		41									_		al abla da lata d				_
				GOO	A Retail Practice	is are preventive m	nasures to co						_		geni	s, chemicals, and physic	al objects into h	0008.			
				00	T=not in compliance		COS=corre	cted o	n-site					3			on of the same code pr				
		OUT				iance Status ood and Water		COS	R	WT			UT			Compliance St Utensils and Equi			COS	R	WT
20	_				ed eggs used where r lice from approved s			8	8	1	4	15	0 1			infood-contact surfaces clean and used		ied,	0	0	1
30)	0	Varia		obtained for specializ	ed processing methods		ŏ	ŏ	1		16	. 1			g facilities, installed, maintain	ed used test strips		0	0	1
		OUT	_	er co		adequate equipment for	temperature						-			ntact surfaces clean			-	-	1
31		0	cont	rol				0	0	2		_	TUK			Physical Facilit					
3:	_				properly cooked for thawing methods use			8	0	1	_	_	-			5 water available; adequate pr stalled; proper backflow device			8		2
34	۱.	0	The		eters provided and ac	courate		0	0	1	5	iO	0	Sewag	e and	waste water properly dispose	ьd		0	0	2
35	_	OUT O	_	1000		container, required recor	vie ausziabia	0	0	1		_	_			es: properly constructed, supp use properly disposed; facilitie				0 0	1
- "				1 prop		Food Contamination		ľ	<u> </u>	•			-		·	lities installed, maintained, an			 		1
36	-	-	_	cts, ro	dents, and animals n			0	0	2	. –	_	-			entilation and lighting; designa			-	0	1
37	,	X	Cont	tamin	ation prevented durin	g food preparation, stora	ge & display	0	0	1		-	υт			Administrative I	tems		_		
38	3				leanliness	-		0	0	1	5	i5	0	Current	t pern	mit posted		-	0	0	_
39	_				ths; properly used an	nd stored		0	0	1	5	6	0	Most re	cent	inspection posted	.		0	0	0
40	_	OUT		ningi	ruits and vegetables Proper	Use of Utensils		0	0	1						Compliance Sta Non-Smokers P		_	YES	NO	WI
41	_				nsils; properly stored	properly stored, dried, h	handlad	8	00	1		57 18				with TN Non-Smoker Protect ducts offered for sale	on Act		8		0
43	3	\sim	Sing	le-use	single-service article	es; properly stored, used		Ō	0	1	5	š				roducts are sold, NSPA surve	y completed		ŏ	ŏ	Ť
44			-		ed properly				0												
servi	ce es	tabli	shme	nt perr	nit. Items identified as a	constituting imminent healt	h hazards shall b	e corre	cted i	mmed	liately	or op	eratio	ns shal	l ceas	Repeated violation of an identic e. You are required to post the f	ood service establishe	sent permit	in a c	mspi	cuour
repor	1		st the sectio			-708, 68-14-709, 68-14-711, (a a ne	anng	-ogari				filing a written request with the C	within ter	n (nu) cays	OF DHO	uate e	21 U VI
~	1	(Þ	wel	\geq	04/2	22/2	024	4			5	A	æ	w/4		0	4/2	2/2	024
Sign	atur	re of	Pers	ion In	Charge					Date	Si	gnati	ure o	f Envir	onme	ental Health Specialist					Date
						Additional food safety i	nformation can	be fo	und	on ou	ur wei	bsite	http	c//tn.g	jov/h	ealth/article/eh-foodservi	e ****				
PH-2	267 ((Rev.	6-15)		Free food safety tr Please of	-			ilabk 3405			onth			unty health department. p for a class.				RD	A 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Metro Center Sonic #2631 Establishment Number # 605134059

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)						
3 comp sink not set up Sani bucket	QA QA	200							

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Open top cooler	30					
Stacked freezer in defrost						
Stacked cooler	40					
Walk in cooler	37					

Food Temperature								
Decoription	State of Food	Temperature (Fahrenheit)						
Burger patties in hot holding	Hot Holding	156						
Chicken patties in hot holding	Hot Holding	137						
Sliced tomatoes in open top cooler	Cold Holding	39						
Chili in hot holding	Hot Holding	168						
Chicken strips in hot holding	Hot Holding	153						
Corn dogs in hot holding	Hot Holding	136						
Sliced tomatoes in walk in cooler	Cold Holding	36						

Observed Violations

Total # 3

Repeated # 0

20: Stacked cooler actually reading 50f items in cooler at 48,49. /c.a moved items to walk in cooler

37: Personal drink stored near customer food on counter

43: Single services items stored on the floor in back area

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Number : 605134059

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Policy at location

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: Good hand washing observed

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9:

- 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: Not observed
- 17: (NO) No TCS foods reheated during inspection.
- 18: Not observed
- 19: See hot holding
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 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:

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.

Establishment Information

Establishment Name: Metro Center Sonic #2631 Establishment Number : 605134059

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Metro Center Sonic #2631 Establishment Number # 605134059

Sources				
Source Type:	Food	Source:	Reinhart	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments