



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

97

Establishment Name Persis Biryani Indian Grill Bar Type of Establishment ☒ Farmer's Market Food Unit  
☒ Permanent ☐ Mobile  
Address 630 S Mt. Juliet Rd Ste 310  
☐ Temporary ☐ Seasonal  
City Mount Juliet Time in 12:14 PM AM / PM Time out 12:32 PM AM / PM  
Inspection Date 04/08/2024 Establishment # 605260987 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 0

**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

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)											
Compliance Status															COS	R	WT	Compliance Status															COS	R	WT	
	IN	OUT	NA	NO	Supervision														IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties										<input type="checkbox"/>	<input type="checkbox"/>	5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>	5	
	IN	OUT	NA	NO	Employee Health														17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting										<input type="checkbox"/>	<input type="checkbox"/>																				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion										<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control													
	IN	OUT	NA	NO	Good Hygienic Practices														18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use										<input type="checkbox"/>	<input type="checkbox"/>			19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth										<input type="checkbox"/>	<input type="checkbox"/>	5	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Preventing Contamination by Hands														21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition										<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Hands clean and properly washed										<input type="checkbox"/>	<input type="checkbox"/>			22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records										<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Consumer Advisory													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible										<input type="checkbox"/>	<input type="checkbox"/>	2	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food										<input type="checkbox"/>	<input type="checkbox"/>	4	
	IN	OUT	NA	NO	Approved Source														IN	OUT	NA	NO	Highly Susceptible Populations													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source										<input type="checkbox"/>	<input type="checkbox"/>			24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered										<input type="checkbox"/>	<input type="checkbox"/>	5
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature										<input type="checkbox"/>	<input type="checkbox"/>																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated										<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Chemicals													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction										<input type="checkbox"/>	<input type="checkbox"/>			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used										<input type="checkbox"/>	<input type="checkbox"/>	
	IN	OUT	NA	NO	Protection from Contamination														26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used										<input type="checkbox"/>	<input type="checkbox"/>	5
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected										<input type="checkbox"/>	<input type="checkbox"/>	4		IN	OUT	NA	NO	Conformance with Approved Procedures													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized										<input type="checkbox"/>	<input type="checkbox"/>	5	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan										<input type="checkbox"/>	<input type="checkbox"/>	5	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served										<input type="checkbox"/>	<input type="checkbox"/>	2																			

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

GOOD RETAIL PRACTICES													
OUT=not in compliance				COS=corrected on-site during inspection				R=repeat (violation of the same code provision)					
Compliance Status				COS	R	WT	Compliance Status				COS	R	WT
Safe Food and Water				Utensils and Equipment									
28	OUT	Pasteurized eggs used where required		0	0	1	45	OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		0	0	1
29	OUT	Water and ice from approved source		0	0	2	46	OUT	Warewashing facilities, installed, maintained, used, test strips		0	0	1
30	OUT	Variance obtained for specialized processing methods		0	0	1	47	OUT	Nonfood-contact surfaces clean		0	0	1
Feed Temperature Control				Physical Facilities									
31	OUT	Proper cooling methods used; adequate equipment for temperature control		0	0	2	48	OUT	Hot and cold water available; adequate pressure		0	0	2
32	OUT	Plant food properly cooked for hot holding		0	0	1	49	OUT	Plumbing installed; proper backflow devices		0	0	2
33	OUT	Approved thawing methods used		0	0	1	50	OUT	Sewage and waste water properly disposed		0	0	2
34	OUT	Thermometers provided and accurate		0	0	1	51	OUT	Toilet facilities: properly constructed, supplied, cleaned		0	0	1
Food Identification				Administrative Items									
35	OUT	Food properly labeled; original container; required records available		0	0	1	52	OUT	Garbage/refuse properly disposed; facilities maintained		0	0	1
Prevention of Food Contamination				Compliance Status									
36	OUT	Insects, rodents, and animals not present		0	0	2	53	OUT	Physical facilities installed, maintained, and clean		0	0	1
37	OUT	Contamination prevented during food preparation, storage & display		0	0	1	54	OUT	Adequate ventilation and lighting; designated areas used		0	0	1
38	OUT	Personal cleanliness		0	0	1	Non-Smokers Protection Act						
39	OUT	Wiping cloths; properly used and stored		0	0	1	55	OUT	Current permit posted		0	0	0
40	OUT	Washing fruits and vegetables		0	0	1	56	OUT	Most recent inspection posted		0	0	0
Proper Use of Utensils				Compliance Status									
41	OUT	In-use utensils; properly stored		0	0	1	57	OUT	Compliance with TN Non-Smoker Protection Act		0	0	0
42	OUT	Utensils, equipment and linens; properly stored, dried, handled		0	0	1	58	OUT	Tobacco products offered for sale		0	0	0
43	OUT	Single-use/single-service articles; properly stored, used		0	0	1	59	OUT	If tobacco products are sold, NSPA survey completed		0	0	0
44	OUT	Gloves used properly		0	0	1							

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 conspicuous manner 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 68-14-203, 68-14-206, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/08/2024 Signature of Environmental Health Specialist [Signature] Date 04/08/2024

\*\*\*\* Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> \*\*\*\*

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



<b>Establishment Information</b>	
Establishment Name:	Persis Biryani Indian Grill Bar
Establishment Number #:	605260987

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)

<b>Equipment Temperature</b>	
Description	Temperature ( Fahrenheit)
Coldline ric	36

<b>Food Temperature</b>		
Description	State of Food	Temperature ( Fahrenheit)
Mango purée	Cold Holding	40

### Observed Violations

Total # 3

Repeated # 0

35: Small plastic containers of different powders not labeled

37: Glasses of water premade for service not covered. Stored on top of bar counter

43: To go containers stored turned on top of bar near restrooms

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**Establishment Information**

Establishment Name: Persis Biryani Indian Grill Bar

Establishment Number : 605260987

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Discussed policy with pic
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (N.O.) No food workers present.
- 5: (N.O.) No food workers present at the time of inspection.
- 6: No employee in bar area during inspection
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See source info
- 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: 3 comp sink not set up. Discussed proper setup with pic
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No food being cooled during inspection
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See food temps
- 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.***

\*\*\*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: Persis Biryani Indian Grill Bar

Establishment Number : 605260987

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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**Sources**

Source Type:	Water	Source:	City
Source Type:	Food	Source:	Restaurant Depot, Patel Brothers
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**