TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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| City | | | | | Mount Juliet | 12 | ² .5 | 0 F | M | 41 | 1/0 | . т. | | а 02:25: PM АМ/РМ | | | |
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| | pectio | | | | | | | _ | | | d <u>0</u> | | | | | _ | |
| | | | spect | | Routine O Follow-up O Complain | | | O Pro | limin | ary | | | | sultation/Other | | 10 | |
| Risi | k Cat | - | | | O1 X2 O3 ors are food preparation practices and employee | behr | | 04 | at co | | onb | | | up Required 🗮 Yes O No Number of S | | 13 | 5 |
| | | | | | ontributing factors in foodborne illness outbreak | | | | | | | | | | | | |
| | | | urie das | alonat | FOODBORNE ILLNESS R ed compliance status (IK, OUT, HA, HO) for each aumbered ite | | | | | | | | | | Mary. | | |
| IN | ⊧in c | | | | OUT=not in compliance NA=not applicable NO=not observ | | | | | | | | | pection R=repeat (violation of the same code provisi | _ | | |
| | | | | | Compliance Status | COS | R | WT | | | | | | Compliance Status | COS | R | WT |
| | _ | - | NA | NO | Supervision Person in charge present, demonstrates knowledge, and | | | | | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 1 | 8 | 0 | NA | 10 | performs duties Employee Health | 0 | 0 | 5 | | <u>爲</u> 0 | 00 | 0 | - | Proper cooking time and temperatures | 0 | 0 | 5 |
| 2 | X | | NA | NO | Management and food employee awareness, reporting | 0 | 0 | | " | | | 0 | | Proper reheating procedures for hot holding Ceoling and Holding, Date Marking, and Time as | - | | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | ٥ | | IN | OUT | | NO | a Public Health Control | | | |
| 4 | IN XX | | NA | | Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use | 0 | 0 | | | 区区 | 0 | 0 | | Proper cooling time and temperature Proper hot holding temperatures | 0 | 0 | |
| 5 | 澎 | 0 | | 0 | No discharge from eyes, nose, and mouth | ŏ | ŏ | 5 | 20 | 25 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 6 | IN XX | | NA | | Preventing Contamination by Hands Hands clean and properly washed | 0 | 0 | | | × | 0 | 0 | 0 | Proper date marking and disposition | | 0 | Ť |
| 7 | 2 | 0 | 0 | | No bare hand contact with ready-to-eat foods or approved | 6 | 0 | 5 | 22 | | 0 | × | - | Time as a public health control: procedures and records | 0 | 0 | |
| ' 8 | 0 | - | | - U | alternate procedures followed Handwashing sinks properly supplied and accessible | - | 0 | 2 | | IN | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and undercooked | | | |
| | IN | OUT | NA | | Approved Source | | | | 23 | 0 | 0 | 黛 | | food | 0 | ٥ | 4 |
| 9 | 黨 | 8 | 0 | - | Food obtained from approved source Food received at proper temperature | 8 | 0 | | | IN | | NA | NO | Highly Susceptible Populations | _ | | |
| 11 | × | ŏ | - | ~ | Food in good condition, safe, and unadulterated | ŏ | ŏ | 5 | 24 | 0 | 0 | X | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 12 | 0 | 0 | X | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | OUT | NA | NO | Chemicals | | | |
| | | | NA | NO | Protection from Contamination | - | | | 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 13 | 2 | 읭 | 0 | | Food separated and protected Food-contact surfaces: cleaned and sanitized | | 00 | | 26 | <u>渓</u> IN | 0 | NA | NO | Toxic substances properly identified, stored, used Conformance with Approved Procedures | 0 | 0 | • |
| | 2 | | - | 1 | Proper disposition of unsafe food, returned food not re- | ۲ŏ | ۲, | - | | 0 | 0 | | ne | Compliance with variance, specialized process, and | 0 | | |
| 15 | ~ | | | | | | | | 127 | | | | | 14.000 | | | |
| | _ | <u> </u> | | | served | 10 | 0 | 2 | 27 | <u> </u> | Ŭ | × | | HACCP plan | 0 | ~ | |
| | | • | | Goo | served d Retail Practices are preventive measures to c | ontro | l the | 2 intr | 27 duc | tion | of p | | gens | | <u> </u> | • | |
| | | Ū | | | d Retail Practices are preventive measures to c | GOO | DR | ETAI | L PR | ACT | | atho | gena | | | | |
| | | Ū | | | d Retail Practices are preventive measures to c | COC ected o | D R | during | L PR | ACT | | atho | gena | chemicals, and physical objects into foods. | | | WT |
| | _ | OUT | | | d Retail Practices are preventive measures to c | ected o | D R n-site R | during WT | L PR | ACT | (सिड (सिड | atho | | R-repeat (violation of the same code provision) Compliance Status Utensils and Equipment | | | wT |
| | 8 | OUT | | ou | d Retail Practices are preventive measures to c fenot in compliance COS=corr Compliance Status Safe Food and Water d eggs used where required | ected o COS | D R n-site R | during WT | L PR | ction | ICE ≤ UT | atho | nd no | R-repeat (violation of the same code provision) Compliance Status Utensils and Equipment nfood-contact surfaces cleanable, properly designed, | | | WT |
| 2 | _ | 000 | Wate Varia | OU eurize | d Retail Practices are preventive measures to c fenot in compliance COS=corr Compliance Status Safe Food and Water d eggs used where required ice from approved source btained for specialized processing methods | ected o COS | D R n-site R | during WT | inspe 4 | ction 5 8 | UT | atho ood ar | nd no | R-repeat (violation of the same code provision) Compliance Status Utenalls and Equipment nfood-contact surfaces cleanable, properly designed, and used | соs 0 | R | |
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PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 6154445325 to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Bonfire Establishment Number #: 605244396

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. Smoking observed where smoking is prohibited by the Act.

| Warewashing Info | | | |
|------------------|----------------|-----|--------------------------|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) |
| Dish machine | CI | 50 | |

| Equipment l'emperature | | | | |
|------------------------|--------------------------|--|--|--|
| Description | Temperature (Fahrenheit) | | | |
| Wif | 9 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Food Temperature | | | | | | |
|------------------|---------------|--------------------------|--|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | | |
| Chicken raw | Cold Holding | 41 | | | | |
| Pork raw | Cold Holding | 41 | | | | |
| Tofu cut 20 mins | Cooling | 41 | | | | |
| Water chestnuts | Cold Holding | 40 | | | | |
| Shrimp | Cold Holding | 38 | | | | |
| Noodles Ric | Cold Holding | 39 | | | | |
| Noodles Wic | Cold Holding | 41 | | | | |
| White rice | Hot Holding | 150 | | | | |
| Shrimp | Cooking | 190 | | | | |
| | | | | | | |
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Observed Violations Total # [1] Repeated # 0 8: Hand sink in kitchen turned off due to drain leaking 34: Thermometer in wic not working

36: Several flies in kitchen

37: Boxes of food stored on floor in wif

39: Wiping cloth left laying out on prep table

41: Scoop handles down in sugar

42: Pans stacked wet on shelf in dish area

45: Severely grooved cutting board

47: Sauce station is dirty.

48: No hot water at hand sink in mongolian grill

53: Floor in kitchen and wic dirty



Establishment Information

Establishment Name: Bonfire

Establishment Number : 605244396

Comments/Other Observations

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

2: (IN): An employee health policy is available.

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: Employee washed hands after cleaning.

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

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: (NÁ) 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: See food temps

17: (NO) No TCS foods reheated during inspection.

18: See food temps

19: See food temps

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:

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: Bonfire

Establishment Number: 605244396

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Bonfire

Establishment Number # 605244396

| Sources | | | |
|-------------------|-------|---------|-----------------|
| Source Type: | Food | Source: | A&W food, Sysco |
| Source Type: | Water | Source: | City |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| Source Type: | | Source: | |
| Additional Commer | nts | | |

Received a complaint that establishment was dirty.