TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Sec.	Abishment Name Kona Ice Of Wilson County Truck #2						1											
Establishment Name			Kona Ice Of Wilson County Truck #2 Type of Establishment Mobile															
Address			173 Village Cir										O Temporary O Seasonal					
Cit	/				Lebanon	Time in	30	3:5	5 <u></u>	١M	A	M/P	м ті	me o	ut 09:13: AM AM / PM			
Ins	pecti	on Da	rte		04/21/2021 Establishment # 60526	63414	_			Emb	- arace	d C)					
		of In		tion		mplaint			- O Pr		-) Co	nsuitation/Other			
Ris	k Ca	tegon	,		第1 02 03				04				Fe	low	up Required O Yes 🕱 No Number of S	eats	0	
		-			ors are food preparation practices and emp								y rep	orte	to the Centers for Disease Control and Prevent		_	
				85 0	FOODBORNE ILLNE										control measures to prevent illness or injury.			
		(11	rk de	algna											ach liem as applicable. Deduct points for category or subcate	gory.)		
-	ê⊧in c	ompili	ance		OUT=not in compliance NA=not applicable NO=not Compliance Status	t observed	_	R)S=co	rrecte	d on-s	site dur	ing int	spection R*repeat (violation of the same code provision Compliance Status		R	WT
	IN	OUT	NA	NO							IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature			
1	邕	0		-	Person in charge present, demonstrates knowledge, performs duties	and	0	0	5	16	0	0	12	0	Control For Safety (TCS) Foods Proper cooking time and temperatures	0	0	_
Ļ	100		NA	NO		0.0	~	0			ŏ				Proper reheating procedures for hot holding	00	ŏ	5
3	X	0			Proper use of restriction and exclusion	_	ŏ	ŏ	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
Þ	IN	OUT	NA	_	Good Hygionic Practices						0	0	×		Proper cooling time and temperature	0	0	
4	00	0		₩.	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth		0	0	5	20	0		<u> </u>	0	Proper hot holding temperatures Proper cold holding temperatures	0	000	
6	IN O	OUT	NA	NO XX	Proventing Contamination by Hands Hands clean and properly washed		0	0		21	-	<u> </u>	-		Proper date marking and disposition	0		Ĭ
7	0	0	0		No bare hand contact with ready-to-eat foods or appr alternate procedures followed	the second	0	0	5	22		0	NA		Time as a public health control: procedures and records Consumer Advisory	0	0	_
8	X	O OUT	NA		Handwashing sinks properly supplied and accessible Approved Source	,	0	0	2	23	_	0	12	110	Consumer advisory provided for raw and undercooked food	0	0	4
9	黨	0			Food obtained from approved source		-	0			IN	OUT	NA	NO	1.0.0		_	
10	0 X	8	0		Food received at proper temperature Food in good condition, safe, and unadulterated		0	0	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	0	X	0	Required records available: shell stock tags, parasite destruction	>	0	0			IN	OUT	NA	NO	Chemicais			
13		OUT		NO	Protection from Contamination Food separated and protected		0	0	4	25	0	0	X	J	Food additives: approved and properly used Toxic substances properly identified, stored, used	0	읭	5
		ŏ		1	Food-contact surfaces: cleaned and sanitized			ŏ			IN	_	NA	NO	Conformance with Approved Procedures	Ť,	_	
15	X	0			Proper disposition of unsafe food, returned food not r served	ne-	0	0	2	27	0	0	黨		Compliance with variance, specialized process, and HACCP plan	0	٥	5
				Goo	d Retail Practices are preventive measure	s to con	trol	the	intr	oduc	tion	of	atho	gens	, chemicals, and physical objects into foods.			
									T/A									
				00	Tenot in compliance CC Compliance Status	0\$=correct	ed or		during						R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
		OUT			Safe Food and Water			_			0	TUK			Utensils and Equipment		~	
	28 29	0	Wab	er and	ed eggs used where required d ice from approved source		0	00	2	4	5				procession of the second	0	0	1
H	30	O OUT	Vari	ance	obtained for specialized processing methods Food Temperature Control		0	0	1	4	6	۰ŀ	Varew	ashin	g facilities, installed, maintained, used, test strips	0	0	1
	31	0	Prop		oling methods used; adequate equipment for temperat	ture	0	0	2	4	_	O NUT	Vonfoo	d-cor	ntact surfaces clean	0	0	1
	32		Plan	t food	I properly cooked for hot holding		0	0	1	_	8	0 1			Physical Facilities I water available; adequate pressure	0	0	2
	33 34				thawing methods used eters provided and accurate		0	0	1	4	_	_			stalled; proper backflow devices	0	0	2
Þ		OUT			Food Identification	_			_	5	1	ō 1	oilet fa	sciliti	es: properly constructed, supplied, cleaned	0	0	1
Ľ	35		Food	d prop	perly labeled; original container; required records available	able	0	0	1			-			use properly disposed; facilities maintained	0	0	1
	36	OUT	Inse	cts. ro	Prevention of Feed Contamination odents, and animals not present	-	0	0	2	-	_	_			lities installed, maintained, and clean entilation and lighting; designated areas used	0	0	1
⊢	37				ation prevented during food preparation, storage & dis	-	0	0	1	F	-	TUK	,		Administrative Items	-	-	-
	38				cleanliness	1	0	0	-	5		_	Jurrent	t perr	nit posted	0	0	_
	39	Ó	Wipi	ing clo	oths; properly used and stored		Ō	0	1		_				inspection posted	0	0	0
É	10	OUT			fruits and vegetables Proper Use of Utensils		0	0	1						Compliance Status Non-Smokers Protection Act	YES		WT
<u> </u>	11		_		nsils; properly stored equipment and linens; properly stored, dried, handled			8			7				with TN Non-Smoker Protection Act ducts offered for sale	8	0	0
	13	0	Sing	le-use	e/single-service articles; properly stored, used sed properly		0	8	1		9				oducts are sold, NSPA survey completed	õ	0	
									_	servic	e est	ablish	ment p	ermit.	Repeated violation of an identical risk factor may result in revoc	ation o	of you	r food
ser	ńce e	stablis	hme	nt perm	mit. Items identified as constituting imminent health hazards recent inspection report in a conspicuous manner. You have	s shall be o ve the right	to n	cted is eques	mmed	iately	or op	eratio	ns shal	l ceas	e. You are required to post the food service establishment permit filing a written request with the Commissioner within ten (10) days	in a c	onspi	icuous
\geq	צ		z	U-	ing	04/21	./2	_		_	\succ	~	T	-1/)4/2	1/2	021
Sig	natu	re of	Pers	son In	Charge				Date						ental Health Specialist			Date
					**** Additional food safety informat	tion can b	e fo	und a	on ou	r wel	osite,	http	c//tn.g	jow/h	ealth/article/eh-foodservice ****			

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
	Please call () 6154445325	to sign-up for a class.	101015

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kona Ice Of Wilson County Truck #2 Establishment Number #: [605263414

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.	Ι
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	Τ
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	Τ
Garage type doors in non-enclosed areas are not completely open.	T
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	Т

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)

Equipment Temperature	quipment l'emperature							
Description	Temperature (Fahrenheit)							
Rif	0							

Food Temperature Decorption	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Kona Ice Of Wilson County Truck #2

Establishment Number : 605263414

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: (N.O.) No food workers present.

5: (N.O.) No food workers present at the time of inspection.

6: (NO) No workers present 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: Syrups sealed and ice in freezer

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: (NÁ) No raw animal foods served.

17: (NA) No TCS foods reheated for hot holding.

18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.

19: (NA) Establishment does not hot hold TCS foods.

20: Ice only item on truck in temp

21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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: Kona Ice Of Wilson County Truck #2 Establishment Number: 605263414

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Kona Ice Of Wilson County Truck #2 Establishment Number # 605263414

Sources			
Source Type:	Water	Source:	City
Source Type:	Food	Source:	Kona Ice, Home City Ice
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Additional Comm	ents		

Mobile unit not operating during inspection. 3 comp sink not set up