



TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Hermitage Hills Baptist Church Grow U Food Type of Establishment ☒ Farmer's Market Food Unit  
Address 3475 Lebanon Pike ☒ Permanent ☐ Mobile  
City Hermitage Time in 11:15 AM AM / PM Time out 11:35 AM AM / PM  
Inspection Date 04/22/2024 Establishment # 605306631 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 110

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                                      |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Supervision  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 1                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Employee Health  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 2                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 3                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Proper use of restriction and exclusion  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Good Hygienic Practices  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 4                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  | <input type="radio"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 5                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  | <input type="radio"/>            | No discharge from eyes, nose, and mouth  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Preventing Contamination by Hands  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  | <input type="radio"/>            | Hands clean and properly washed  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7                 | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 8                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Approved Source  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 9                 | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Food obtained from approved source   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 10                | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | Food received at proper temperature  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 11                | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Food in good condition, safe, and unadulterated  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 12                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | Required records available: shell stock tags, parasite destruction                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Protection from Contamination  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 13                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Food separated and protected   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 14                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |                                  | Food-contact surfaces: cleaned and sanitized   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 15                | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   |                                  |                       |                                  |                                  |  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |

| Compliance Status |                                  |                       |                                  |                                  |  |  |  |  |  | COS                   |                       |   |  |  | R |  |  |  |  | WT |  |  |  |  |
|-------------------|----------------------------------|-----------------------|----------------------------------|----------------------------------|--|--|--|--|--|-----------------------|-----------------------|---|--|--|---|--|--|--|--|----|--|--|--|--|
|                   | IN                               | OUT                   | NA                               | NO                               | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 16                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | Proper cooking time and temperatures                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 17                | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | Proper reheating procedures for hot holding                              |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 18                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | Proper cooling time and temperature                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 19                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper hot holding temperatures  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 20                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |                                  | Proper cold holding temperatures   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 21                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper date marking and disposition                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 22                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | Time as a public health control: procedures and records                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Consumer Advisory  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 23                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Consumer advisory provided for raw and undercooked food                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Highly Susceptible Populations   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 24                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |                                  | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Chemicals  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 25                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Food additives: approved and properly used                               |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 26                | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Toxic substances properly identified, stored, used                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Conformance with Approved Procedures                                     |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 27                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   |                                  |                       |                                  |                                  |  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |

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 |  |  |  |
| Safe Food and Water              |     |   |  |   |  |  |  |   |   |    |  |  |  |
| 28                               | OUT | Pasteurized eggs used where required                                    |  |   |  |  |  | O   | O | 1  |  |  |  |
| 29                               | O   | Water and ice from approved source                                      |  |   |  |  |  | O   | O | 2  |  |  |  |
| 30                               | O   | Variance obtained for specialized processing methods                    |  |   |  |  |  | O   | O | 1  |  |  |  |
| Food Temperature Control         |     |   |  |   |  |  |  |   |   |    |  |  |  |
| 31                               | O   | Proper cooling methods used; adequate equipment for temperature control |  |   |  |  |  | O   | O | 2  |  |  |  |
| 32                               | O   | Plant food properly cooked for hot holding                              |  |   |  |  |  | O   | O | 1  |  |  |  |
| 33                               | O   | Approved thawing methods used   |  |   |  |  |  | O   | O | 1  |  |  |  |
| 34                               | O   | Thermometers provided and accurate                                      |  |   |  |  |  | O   | O | 1  |  |  |  |
| Food Identification              |     |   |  |   |  |  |  |   |   |    |  |  |  |
| 35                               | O   | Food properly labeled; original container; required records available   |  |   |  |  |  | O   | O | 1  |  |  |  |
| Prevention of Food Contamination |     |   |  |   |  |  |  |   |   |    |  |  |  |
| 36                               | O   | Insects, rodents, and animals not present                               |  |   |  |  |  | O   | O | 2  |  |  |  |
| 37                               | O   | Contamination prevented during food preparation, storage & display      |  |   |  |  |  | O   | O | 1  |  |  |  |
| 38                               | O   | Personal cleanliness  |  |   |  |  |  | O   | O | 1  |  |  |  |
| 39                               | O   | Wiping cloths; properly used and stored                                 |  |   |  |  |  | O   | O | 1  |  |  |  |
| 40                               | O   | Washing fruits and vegetables   |  |   |  |  |  | O   | O | 1  |  |  |  |
| Proper Use of Utensils           |     |   |  |   |  |  |  |   |   |    |  |  |  |
| 41                               | O   | In-use utensils; properly stored  |  |   |  |  |  | O   | O | 1  |  |  |  |
| 42                               | O   | Utensils, equipment and linens; properly stored, dried, handled         |  |   |  |  |  | O   | O | 1  |  |  |  |
| 43                               | O   | Single-use/single-service articles; properly stored, used               |  |   |  |  |  | O   | O | 1  |  |  |  |
| 44                               | O   | Gloves used properly  |  |   |  |  |  | O   | O | 1  |  |  |  |

| Compliance Status          |   |   |  |  |  |  |  | COS | R  | WT |  |  |  |
|----------------------------|---|---|--|--|--|--|--|-----|----|----|--|--|--|
| Utensils and Equipment     |   |   |  |  |  |  |  |     |    |    |  |  |  |
| 45                         | O | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |  |  |  |  |  | O   | O  | 1  |  |  |  |
| 46                         | O | Warewashing facilities, installed, maintained, used, test strips                      |  |  |  |  |  | O   | O  | 1  |  |  |  |
| 47                         | O | Nonfood-contact surfaces clean  |  |  |  |  |  | O   | O  | 1  |  |  |  |
| Physical Facilities        |   |   |  |  |  |  |  |     |    |    |  |  |  |
| 48                         | O | Hot and cold water available; adequate pressure                                       |  |  |  |  |  | O   | O  | 2  |  |  |  |
| 49                         | O | Plumbing installed; proper backflow devices   |  |  |  |  |  | O   | O  | 2  |  |  |  |
| 50                         | O | Sewage and waste water properly disposed  |  |  |  |  |  | O   | O  | 2  |  |  |  |
| 51                         | O | Toilet facilities; properly constructed, supplied, cleaned                            |  |  |  |  |  | O   | O  | 1  |  |  |  |
| 52                         | O | Garbage/refuse properly disposed; facilities maintained                               |  |  |  |  |  | O   | O  | 1  |  |  |  |
| 53                         | O | Physical facilities installed, maintained, and clean                                  |  |  |  |  |  | O   | O  | 1  |  |  |  |
| 54                         | O | Adequate ventilation and lighting; designated areas used                              |  |  |  |  |  | O   | O  | 1  |  |  |  |
| Administrative Items       |   |   |  |  |  |  |  |     |    |    |  |  |  |
| 55                         | O | Current permit posted   |  |  |  |  |  | O   | O  | 0  |  |  |  |
| 56                         | O | Most recent inspection posted   |  |  |  |  |  | O   | O  |    |  |  |  |
| Compliance Status          |   |   |  |  |  |  |  | YES | NO | WT |  |  |  |
| Non-Smokers Protection Act |   |   |  |  |  |  |  |     |    |    |  |  |  |
| 57                         |   | Compliance with TN Non-Smoker Protection Act  |  |  |  |  |  | X   | O  |    |  |  |  |
| 58                         |   | Tobacco products offered for sale   |  |  |  |  |  | O   | O  | 0  |  |  |  |
| 59                         |   | If tobacco products are sold, NSPA survey completed                                   |  |  |  |  |  | O   | O  |    |  |  |  |

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 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge 04/22/2024 Signature of Environmental Health Specialist 04/22/2024

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

Establishment Name: Hermitage Hills Baptist Church Grow U Food  
Establishment Number #: 605306631

|   |  |
|---|--|
| 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.  |  |

| Machine Name                            | Sanitizer Type      | PPM | Temperature ( Fahrenheit) |
|---|---------------------|-----|---------------------------|
| Triple sink (not set up)<br>Dishmachine | Bleach<br>High temp |     | 207                       |

| Description       | Temperature ( Fahrenheit) |
|-------------------|---------------------------|
| Reach in cooler 1 | 39                        |
| Reach in cooler 2 | 38                        |
| Reach in freezer  | 1                         |

| Description                                 | State of Food | Temperature ( Fahrenheit) |
|---|---------------|---------------------------|
| Unopened gogurt in reach in cooler 1        | Cold Holding  | 39                        |
| Milk in pitchers in reach in cooler 2       | Cold Holding  | 40                        |
| Commercially cooked Chicken tenders in oven | Hot Holding   | 151                       |

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Hermitage Hills Baptist Church Grow U Food

Establishment Number : 605306631

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Has health policy
- 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 practices good hand washing
- 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: See sources
- 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: No raw food cooked or served
- 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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling done
- 19: See temps
- 20: See 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:
- 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: Hermitage Hills Baptist Church Grow U Food

Establishment Number : 605306631

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

| Establishment Information |  |
|---------------------------|--|
| Establishment Name        |  |
| Address                   |  |
| City                      |  |
| State                     |  |
| Zip                       |  |
| Phone                     |  |
| Fax                       |  |
| Website                   |  |
| Establishment Type        |  |
| Establishment Size        |  |
| Establishment Hours       |  |
| Establishment Status      |  |
| Establishment Description |  |
| Establishment Contact     |  |
| Establishment Notes       |  |

|                     |  |
|---------------------|--|
| Establishment Name: | Hermitage Hills Baptist Church Grow U Food |
|---------------------|--|

|                         |           |
|-------------------------|-----------|
| Establishment Number #: | 605306631 |
|-------------------------|-----------|

|                |
|----------------|
| <b>Sources</b> |
|----------------|

|              |      |         |       |
|--------------|------|---------|-------|
| Source Type: | Food | Source: | Sysco |
|--------------|------|---------|-------|

|              |       |         |      |
|--------------|-------|---------|------|
| Source Type: | Water | Source: | City |
|--------------|-------|---------|------|

|              |      |         |         |
|--------------|------|---------|---------|
| Source Type: | Food | Source: | Walmart |
|--------------|------|---------|---------|

|              |         |
|--------------|---------|
| Source Type: | Source: |
|--------------|---------|

Source Type: \_\_\_\_\_ Source: \_\_\_\_\_

**Additional Comments**