TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Carrier Contraction | | | | | | | | | | | | | | | O Fermer's Market Food Unit | $\mathbf{\cap}$ | 1 | | | |
|---|--|--|--|------------------------|------------------------------------|---|-----------------|---------|----------|-------------------------|-----------------|--|---|---|-----------------------------|--|----------------|---------|-----|-------------|
| Establishment Name | | | me | Bridgestone Avanti | | | | | | - Type of Establishment | | | | | | | | | | |
| Address | | | | 1201 Bridgestone Pkwy. | | | | | | | | | | O Temporary O Seasonal | | | | | | |
| City | | | | | La Vergne | | | | 1:1 | 4 A | ١M | _ A | M / PI | M Ti | ne ou | ut 01:13:PM AM/PM | | | | |
| Insp | ectic | n Da | rte | | 03/10/20 | 23 Establishment # | 60522630 | 3 | | _ | Embi | argoe | d 0 | | | | | | | |
| Purp | Purpose of Inspection WRoutine O Follow-up O Complaint | | | | | | O Pr | elimir | ary | | C | Cor | nsultation/Other | | | | | | | |
| Risk | Cat | egor | | | O 1 | \$1C2 | O 3 | | | O 4 | | | | | | up Required 🛍 Yes O No | Number of Se | eats | 82 | |
| 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 (Note deducted sound was been as a state of the second sound sound was been as a state of the second sound soun | | | | | | | | | | | | | | | | | | | |
| (Mark designated compliance status (IX, 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 subcateg 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 | | F | | | | | Compliance Status | | | RV | WT | | | | |
| - | IN 賞 | 001 | NA | NO | Person in charge | Supervision present, demonstrates kr | rowledge, and | 0 | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/I Control For Safety (TCS) F | eeds | | | |
| | | | NA | NO | performs duties | Employee Health | • · | 0 | 0 | 5 | 16 17 | 0 | 0 | 00 | | Proper cooking time and temperatures Proper reheating procedures for hot hold | ng | 8 | 응 | 5 |
| 2 | X | 0 | | | | d food employee awarenes | ss; reporting | | 0 | 5 | <u> </u> | IN | оит | | NO | Cooling and Holding, Date Marking | , and Time as | - | - | |
| | × N | O OUT | NA | NO | | triction and exclusion ood Hygionic Practice | | 0 | 0 | - | 18 | RX I | 0 | 0 | 0 | a Public Health Centre Proper cooling time and temperature | | 0 | 0 | |
| 4 | X | 0 | | 0 | Proper eating, ta | sting, drinking, or tobacco | | 0 | 8 | 5 | 19 | 8 | | 0 | | Proper hot holding temperatures | | 0 | š | |
| | IN | OUT | NA | NO | Prever | m eyes, nose, and mouth ting Contamination by | Hands | | | | | 14 | | 0 | 0 | Proper cold holding temperatures Proper date marking and disposition | | ő | ŏ | 5 |
| 6 | 黨黨 | 0 | 0 | 0 | Hands clean and No bare hand co | properly washed ntact with ready-to-eat foo | ds or approved | 0 | 0 0 | 5 | 22 | 0 | 0 | × | - | Time as a public health control: procedur | es and records | 0 | 0 | |
| 8 | X | 0 | - | - | | iks properly supplied and a | accessible | 0 | | 2 | 23 | IN O | OUT | NA | NO | Consumer Advisory Consumer advisory provided for raw and | undercooked | 0 | 0 | |
| | IN 嵐 | OUT | NA | NO | | Approved Source | | 0 | 0 | | | IN | OUT | | NO | food Highly Susceptible Popula | tions | 9 | 9 | • |
| | 0 | 0 | 0 | 8 | Food received at | proper temperature idition, safe, and unadulte | eatori | 0 | | 5 | 24 | _ | 0 | 88 | | Pasteurized foods used; prohibited foods | | 0 | 0 | 5 |
| | 0 | 0 | × | 0 | Required records | available: shell stock tag | | ŏ | ŏ | | | IN | OUT | NA | NO | Chemicais | | | | |
| | | | | NO | | ection from Contamina | ation | | | | 25 | 0 | 0 | X | | Food additives: approved and properly us | ied | 8 | ् | 5 |
| | | <u>。</u> | | 1 | Food separated Food-contact su | and protected faces: cleaned and sanitiz | red | 8 | 0 | | 26 | <u>実</u> IN | O OUT | NA | NO | Toxic substances properly identified, stor Confermance with Approved P | | 0 | 0 | |
| 15 | _ | _ | | | Proper disposition served | n of unsafe food, returned | food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized pr HACCP plan | ocess, and | 0 | 0 | 5 |
| _ | | | | - | | | | | | | _ | 41 | | - 41 | | | Inte decide | _ | | |
| | | | | | | ices are preventive i | neasures to co | | | ETA | | | | _ | yens | , chemicals, and physical objects | Into roous. | | | |
| | | | | OU | T=not in compliance | | COS=corre | ected o | n-site | during | | | | | | R-repeat (violation of the sam | | 000 | | WT |
| | | OUT | | | Safe | pliance Status Food and Water | | | | WT | | 0 | UT | | | Compliance Status Utensils and Equipment | | cos | ĸ | wi |
| 2 | | | Pasteurized eggs used where required Water and ice from approved source | | | 8 | 0 | 2 | 4 | 5 0 | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | y designed, | 0 | 0 | 1 | | | |
| 3 |) | 0 0UT | Vari | ance | | alized processing methods emperature Control | 5 | 0 | | 1 | 4 | 6) | 38 Warewashing facilities, installed, maintained, used, test strips | | | | st strips | 0 | 0 | 1 |
| 3 | 1 | 鼠 | Prop | | oling methods use | d; adequate equipment fo | r temperature | 0 | 0 | 2 | 4 | _ | O N | lonfoo | d-con | tact surfaces clean | | 0 | 0 | 1 |
| 3 | _ | 0 | | | properly cooked | or hot holding | | 0 | 0 | | | 8 | | lot and | l cold | Physical Facilities I water available; adequate pressure | | 0 | | 2 |
| 3 | _ | Approved thawing methods used Thermometers provided and accurate | | | | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices waste water properly disposed | | | 응 | 2 | | |
| | | OUT | | | | d identification | | | _ | | 5 | 1 | - | | | es: properly constructed, supplied, cleaned | | | 0 | 1 |
| 3 | 5 | 0 | Food | d prop | | hal container; required rec | | 0 | 0 | 1 | | | - | | | use properly disposed; facilities maintaine | d | 2 | 2 | 1 |
| 3 | OUT Prevention of Feed Contamination O Insects, rodents, and animals not present | | | | 0 | 0 | 2 | | _ | _ | | | lities installed, maintained, and clean Intilation and lighting; designated areas us | ed | 0 | 8 | 1 | | | |
| 3 | , | - | | - | | uring food preparation, sto | race & disclay | 0 | 0 | 1 | F | + | UT | , | | Administrative items | | - | - | - |
| 3 | | | | | cleanliness | ang roos preparatient, are | roge a anyony | 0 | 0 | 1 | 5 | | - | urrent | perm | nit posted | | 0 | 0 | - |
| 3 | _ | | Wiping cloths; properly used and stored | | | 0 | 0 | 1 | 5 | 6 | | | | inspection posted Compliance Status | | O YES | 0 | 0 | | |
| | O Washing fruits and vegetables OUT Proper Use of Utensils | | | | | | - | | | | | | Non-Smokers Protection | let | | _ | | | | |
| O In-use utensils; properly stored O Utensils, equipment and linens; properly stored, dried, handled | | | | 0 | | 1 | 5 | 7 8 | T | obacc | o pro | with TN Non-Smoker Protection Act ducts offered for sale | | | 0 | 0 | | | | |
| 4 | _ | | | | e/single-service ar ed properly | ticles; properly stored, use | ю | 8 | 00 | | 5 | 9 | If | tobac | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | | | | | | | | | | | | | | Repeated violation of an identical risk factor | | | | |
| 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 conspicu 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 | | | | | | | | | | | | | | | | | | | | |
| report. T.C.A. sections 68-14-703, 68-14-798, 18-14-702, 88-14-720, 68-14-711, 68-14-715, 68-14-716, 4- | | | | | | | | | <u> </u> | | \frown | \checkmark | \mathcal{D} | | 1/) 11 | | 0/4 | 0/0 | 000 | |
| Sie | | 10.04 | Deer | lon lo | Charge | ZX | 03/1 | 10/2 | - | _ | 2 | \succ | 7 | K | X/ | Ant found | 0 | 3/1 | 0/2 | 023 Date |
| aigi | atu | e of | refs | ion in | - Charge | ** Additional food cafeb | information con | hofe | | Date |)IC In In In | ymatu heite | ne of | | | ental Health apecialist | | | | Care |
| | 267 | Rev | 6.15 | | | , | | | | | | | | | | inty health department. | | | pr | A 629 |
| | H-2267 (Rev. 6-15) Please call (| | | | | 16 | 158 | 398 | 788 | q | | to sid | วท-แต | p for a class. | | | ru. | ~ ~ ~ 3 | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Bridgestone Avanti Establishment Number # 605226303

| VSPA Survey – To be completed if #57 is "No" | |
|---|--|
| ope-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are wenty-one (21) years of age or older. | |
| ge-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. | |
| Sarage type doors in non-enclosed areas are not completely open. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | |
|--------------------|----------------|-----|--------------------------|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) |
| 3 comp sink set up | Quat tabs | 0 | |

| quipment l'emperature | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
| Wic | 37 | | | | | |
| Hot box | 180 | | | | | |
| | | | | | | |
| | | | | | | |

| State of Food | |
|---------------|---|
| state of Food | Temperature (Fahrenheit |
| Hot Holding | 150 |
| Hot Holding | 135 |
| Cooling | 63 |
| Cooling | 49 |
| Cooling | 47 |
| Cold Holding | 39 |
| Cold Holding | 39 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Hot Holding Hot Holding Cooling Cooling Cooling Cold Holding |

Observed Violations

Total # 5

Repeated # ()

14: Ice scoop fully submerged in ice machine.

14: 3 comp set up with sani-tabs, could not get a reading. Pic did not have test strips on hand. Pic drained and cleaned sink, will use bleach. Left pic with some of my test strips.

31: Gravy cooling in deep pan and covered with plastic wrap.

46: No test strips.

53: Walls and Floors in poor repair

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Bridgestone Avanti

Establishment Number : 605226303

Comments/Other Observations

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

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses. Will email facts sheet

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: Observed good handwashing

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 food source

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.
- 15: (IN) No unsafe, returned or previously served food served.

16: (NO) No raw animal foods cooked during inspection.

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

18: Observed gravy in a deep metal pan in wic with plastic wrap as cover. Pic stated cooling started at 3 hours prior. Discussed proper cooling methods.

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: (NÁ) 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.

Establishment Information

Establishment Name: Bridgestone Avanti

Establishment Number: 605226303

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Bridgestone Avanti

Establishment Number # 605226303

| Sources | | | | |
|------------------|-------|---------|------|--|
| Source Type: | Food | Source: | Gfs | |
| Source Type: | Water | Source: | City | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Additional Comme | ents | | | |

Will email proper cooling methods and employee health policy

Email to: kevin.taylor@fivestarfoodservice.com