



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**96**

Establishment Name Bonfire Auxillary Type of Establishment  Permanent  Mobile  
 Address 630 S. Mt. Juliet Rd Ste 330  Temporary  Seasonal  
 City Mount Juliet Time in 02:04 PM AM / PM Time out 02:28 PM AM / PM  
 Inspection Date 03/09/2021 Establishment # 605244364 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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Supervision</b>							
1	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Good Hygienic Practices</b>							
4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Preventing Contamination by Hands</b>							
6	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
7	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

  

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>							
16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
17	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>							
18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				5
21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Consumer Advisory</b>							
23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				4
<b>Highly Susceptible Populations</b>							
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Chemicals</b>							
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
26	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Conformance with Approved Procedures</b>							
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5

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

### GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
<b>Safe Food and Water</b>							
28	<input type="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
<b>Food Temperature Control</b>							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input type="radio"/>						1
34	<input checked="" type="radio"/>						1
<b>Food Identification</b>							
35	<input type="radio"/>						1
<b>Prevention of Food Contamination</b>							
36	<input type="radio"/>						2
37	<input type="radio"/>						1
38	<input type="radio"/>						1
39	<input checked="" type="radio"/>						1
40	<input type="radio"/>						1
<b>Proper Use of Utensils</b>							
41	<input type="radio"/>						1
42	<input type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

  

Compliance Status					COS	R	WT
OUT							
<b>Utensils and Equipment</b>							
45	<input type="radio"/>						1
46	<input type="radio"/>						1
47	<input type="radio"/>						1
<b>Physical Facilities</b>							
48	<input checked="" type="radio"/>						2
49	<input type="radio"/>						2
50	<input type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input type="radio"/>						1
54	<input type="radio"/>						1
<b>Administrative Items</b>							
55	<input checked="" type="radio"/>						0
56	<input type="radio"/>						0
<b>Compliance Status</b>							
<b>Non-Smokers Protection Act</b>							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						0

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, 4-5-320.

Signature of Person In Charge [Signature] Date 03/09/2021 Signature of Environmental Health Specialist [Signature] Date 03/09/2021

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



**Establishment Information**

Establishment Name: Bonfire Auxillary  
 Establishment Number #: 605244364

**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.	
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**

Description	Temperature ( Fahrenheit)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Strawberry mix	Cold Holding	39

**Observed Violations**

**Total #** 4

**Repeated #** 0

- 34: No thermometer in ric
- 39: Wiping cloth left laying on top of cooler
- 48: No cold water at hand sink
- 55: Permit is not posted



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Establishment Number : 605244364

**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: (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: (NA) 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: See food temps
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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***

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Establishment Number : 605244364

***Comments/Other Observations (cont'd)***

***Additional Comments (cont'd)***

***See last page for additional comments.***

**Establishment Information**

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**Sources**

Source Type: Water

Source: City

Source Type: Food

Source: Sysco, First Choice

Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

***Additional Comments***

3 comp sink not setup