# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No.	No.		N. C.												<b>^</b>		
Est	ablis	hmen	t Nan		Bonfire Auxillary					Tur	w of i	Establi	ishmu	Farmer's Market Food Unit     Server O Mobile	r		
Adx	ress				630 S. Mt. Juliet Rd Ste 330					1.34	AC 101 L	Louden	Carlin I M	O Temporary O Seasonal			
City	,				Mount Juliet	02	2:0	4 F	M	AJ	M/P	м ті	me o	ut 02:28; PM AM / PM			
		on Da	to.	i	03/09/2021 Establishment # 605244364				Emba	_							
			spect		Routine O Follow-up O Complaint	-		- O Pro			u =		0.00	nsultation/Other		_	
								_	24411441	ary						0	
RIS	k Ca	tegon R			廠1 O2 O3 ors are food preparation practices and employee 1	beha		04	st c	mm	only				100.0	-	
				as c	ontributing factors in foodborne illness outbreaks												
		(11)	ırk der	algnat	FOODBORNE ILLNESS Ris ed compliance status (IH, OUT, HA, HO) for each aumbered Hem										gory.)	1	
12	⊫in c	ompii	ance		OUT=not in compliance NA=not applicable NO=not observe	_			S=co	recte	d on-s	ite duri	ing ins	spection R=repeat (violation of the same code provisi			
	IN	OUT	NA	NO	Compliance Status Supervisien	COS	R	WT			~			Compliance Status Cooking and Reheating of Time/Temperature	cos	ĸ	WT
1	展	0			Person in charge present, demonstrates knowledge, and	0	0	5	10	IN	OUT		NO	Control For Safety (TCS) Foods	~	~	
	IN	OUT	NA		Employee Health				16	00	0	X		Proper cooking time and temperatures Proper reheating procedures for hot holding	0	0	5
2	英义	0			Management and food employee awareness; reporting Proper use of restriction and exclusion	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
-			NA		Good Hygienic Practices	Ŭ		_	18	0	0	x	0	Proper cooling time and temperature	0	0	_
4 5	0	0			Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	00	0	5	19	0 )33	0	8	0	Proper hot holding temperatures Proper cold holding temperatures	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands					õ			23	Proper date marking and disposition	ŏ	ŏ	5
6	0	0	0		Hands clean and properly washed No bare hand contact with ready-to-eat foods or approved	0	0 0	5	22	0	0	×	0	Time as a public health control: procedures and records	0	0	
8		ŏ	-		alternate procedures followed Handwashing sinks properly supplied and accessible	-	0	2	-	ĭ N	001	NA X	NO	Consumer Advisory Consumer advisory provided for raw and undercooked			
		OUT	NA		Approved Source Food obtained from approved source			_	23	IN	O OUT		NO	food Highly Susceptible Populations	0	0	•
10	0	0	0		Food received at proper temperature	0	0	5	24		0	88		Pasteurized foods used; prohibited foods not offered	0	0	5
11	<u>×</u>	0	×	0	Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite	0	0 0	Ĩ		IN	OUT	-	NO	Chemicals		_	
	IN	OUT	NA	NO	Protection from Contamination			_	25	0	0	X		Food additives: approved and properly used	0	0	6
13 14	息室	00	8		Food separated and protected Food-contact surfaces: cleaned and sanitized		00		26	100 IN		NA	NO	Toxic substances properly identified, stored, used Confermance with Approved Procedures	0	0	9
	2		Ĕ		Proper disposition of unsafe food, returned food not re-	0	0	2	27	-	0	8	_	Compliance with variance, specialized process, and	0	0	5
					served							1		HACCP plan			
				Goo	d Retail Practices are preventive measures to co	ntro	l the	intr	oduc	tion	of p	atho	geni	s, chemicals, and physical objects into foods.			
				00	F=not in compliance COS=correc			ar/. during			1CE	3		R-repeat (violation of the same code provision)			
_		OUT				COS			É		υτI			Compliance Status Utensils and Equipment	COS	R	WT
	8	0			d eggs used where required	0	2	1	4		n F			properly designed,	0	0	1
_	19 10	0			ice from approved source btained for specialized processing methods	8	0	2	4		-			and used g facilities, installed, maintained, used, test strips	0	0	1
		OUT	Prop	er coc	Food Temperature Control bing methods used; adequate equipment for temperature	-			4	-	_			ntact surfaces clean	0	0	1
	И	0	contr	ol		0	0	2			UT			Physical Facilities			
_	12				properly cooked for hot holding thawing methods used	0	0		4	_	_			i water available; adequate pressure stalled; proper backflow devices		8	2
:	14	XX OUT	Then	mome	ters provided and accurate Food Identification	0	0	1	5	_	-			waste water properly disposed es: properly constructed, supplied, cleaned		0	2
:	15		Food	i prop	erly labeled; original container; required records available	0	0	1	5	_	_			use property disposed; facilities maintained	õ	0	1
		OUT			Prevention of Feed Contamination				5	3 (	o P	hysica	al fac	ilities installed, maintained, and clean	0	0	1
:	6	0	Insec	ts, ro	dents, and animals not present	0	0	2	5	• •	<u>^</u>	\dequa	ste ve	entilation and lighting; designated areas used	0	٥	1
3	7	0	Cont	amina	tion prevented during food preparation, storage & display	0	0	1		0	υτ			Administrative items			
	18 19		-		leanliness the property used and stored	0	0	1	5					nit posted	0	00	0
_	0	0	Wiping cloths; properly used and stored     Washing fruits and vegetables		ŏ			Ĕ	Compliance Status			Compliance Status			WT		
-	1	OUT	In-us	e uter	Proper Use of Utensils nsils; properly stored	0	0	1	5	,	- 0	Sompli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act	X	0	
4	2	0	Utens	sils, e	guipment and linens; properly stored, dried, handled /single-service articles; properly stored, used	0	0	1	5	8	T	obacc	o pro	oducts offered for sale roducts are sold, NSPA survey completed	0	0	0
	4				ed properly		ŏ		Ľ				p1	and and the state of an and an and an and	-	-	
					tions of risk factor items within ten (10) days may result in suspen sit. Items identified as constituting imminent health hazards shall be												
mar	ner a	nd po	st the	most	recent inspection report in a conspicuous manner. You have the rig 14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-71	ht to n	eques										
	/	7								-/	+	1	4			~ / ~	021
	•		-		U3/U	9/2	021			$\langle$	$\downarrow$	/ -	5	<b>7</b> ) (	)3/0	9/2	
Sig	natu	re of	Pers	on In	Charge 03/0	9/2	_	Date	Sic	Inatu	F d	Envir	2 onme	ental Health Specialist	)3/0	9/2	Date

	-	-		
PH-2267 (Rev. 6-15)	Free food safety training clas Please call (	ses are available each mon ) 6154445325	th at the county health department. to sign-up for a class.	RDA 629

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### 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.	
	<u> </u>

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)

Equipment Temperature				
Description	Temperature (Fahrenheit)			

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

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Bonfire Auxillary

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.

# Establishment Information

Establishment Name: Bonfire Auxillary

Establishment Number : 605244364

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Bonfire Auxillary Establishment Number #: 605244364

 Sources

 Source Type:
 Water
 Source:
 City

 Source Type:
 Food
 Source:
 Sysco, First Choice

Source:

Source:

Source:

Source Type:

Source Type:

Source Type:

# Additional Comments

3 comp sink not setup