



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

87

Establishment Name Johnny Haffner Catering Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 6202 Charlotte Pike Suite #7 ☐ Temporary ☐ Seasonal
City Nashville Time in 01:55 PM AM / PM Time out 03:00 PM AM / PM
Inspection Date 04/01/2024 Establishment # 605135939 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.)

| 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 | | | | | | | | | |
| | | | | | Supervision | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Person in charge present, demonstrates knowledge, and performs duties | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Employee Health | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Management and food employee awareness, reporting | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper use of restriction and exclusion | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Good Hygienic Practices | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper eating, tasting, drinking, or tobacco use | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No discharge from eyes, nose, and mouth | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Hands clean and properly washed | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Handwashing sinks properly supplied and accessible | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Approved Source | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Food obtained from approved source | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Food received at proper temperature | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Food in good condition, safe, and unadulterated | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Required records available: shell stock tags, parasite destruction | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Protection from Contamination | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Food separated and protected | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Food-contact surfaces: cleaned and sanitized | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper disposition of unsafe food, returned food not re-served | | | | | | | | | | | | | | | | | | | | | | | | |

| Compliance Status | | | | | | | | | | COS | | | | | R | | | | | WT | | | | |
|-------------------|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|---|--|--|--|--|----|--|--|--|--|
| | | | | | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper cooking time and temperatures | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper reheating procedures for hot holding | | | | | | | | | | | | | | | | | | | |
| | | | | | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper cooling time and temperature | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper hot holding temperatures | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper cold holding temperatures | | | | | | | | | | | | | | | | | | | |
| | | | | | Proper date marking and disposition | | | | | | | | | | | | | | | | | | | |
| | | | | | Time as a public health control: procedures and records | | | | | | | | | | | | | | | | | | | |
| | | | | | Consumer Advisory | | | | | | | | | | | | | | | | | | | |
| | | | | | Consumer advisory provided for raw and undercooked food | | | | | | | | | | | | | | | | | | | |
| | | | | | Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | |
| | | | | | Pasteurized foods used; prohibited foods not offered | | | | | | | | | | | | | | | | | | | |
| | | | | | Chemicals | | | | | | | | | | | | | | | | | | | |
| | | | | | Food additives: approved and properly used | | | | | | | | | | | | | | | | | | | |
| | | | | | Toxic substances properly identified, stored, used | | | | | | | | | | | | | | | | | | | |
| | | | | | Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | |
| | | | | | Compliance with variance, specialized process, and HACCP plan | | | | | | | | | | | | | | | | | | | |

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| | |
|---|--|
| 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) |
|----------------------------|----------------|-----|---------------------------|
| Low-temperature dishwasher | Chlorine | 50 | |

| Description | Temperature (Fahrenheit) |
|-----------------------------------|---------------------------|
| Reach-in freezer 1 (frozen foods) | 3 |
| Mccall reach-in cooler | 32 |
| Frozen food back reach-in freezer | -2 |
| Fresh food back reach-in cooler | 30 |

| Description | State of Food | Temperature (Fahrenheit) |
|--|---------------|---------------------------|
| Million dollar dip in mccall reach-in cooler | Cold Holding | 36 |
| pasta salad in fresh food cooler | Cold Holding | 37 |
| Roasted tomatoes made 1 hour ago on prep table | Cold Holding | 76 |

Observed Violations

Total # 6

Repeated # 0

13: Raw egg whites stored on top shelf in McCall reach-in cooler.

21: Million dollar dip with cream cheese in mccall reach-in cooler does not have date marking. Most items in reach-in cooler are not date marked. Corrective

Action: Follow-up is required to verify proper date marking procedures.

21: From McCall reach-in cooler: Chicken salad dated 3/21, caesar salad dated 3/15, ranch dated 2/22. from dairy reach-in cooler: Milk with expiration date of 3/3 observed.

36: Excessive amount of gnats due to open linen bag.

47: Excessive caked-on debris in microwave.

53: Ceiling tiles in back grill area are brown and bloated.

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



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Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: An employee health policy is posted on-site. Staff is aware of reportable symptoms and illnesses.
- 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 employees washing their hands at appropriate times and with correct technique.
- 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 source information.
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 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: Proper cooking time and temperatures were not observed during the time of inspection. .
- 17: (NO) No TCS foods reheated during inspection.
- 18: Observed proper cooling time and temperatures. Temperatures recorded on report.
- 19: Observed proper hot holding. Temperatures recorded on report.
- 20: Observed proper cold holding temperatures. Temperatures recorded on report.
- 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: "No Smoking" signs or the international "No Smoking" symbol are conspicuously posted at every entrance.
- 58: Tobacco products are not sold.

***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.

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

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|-------------------------|-----------|

Sources

| | | | |
|--------------|------|---------|----------------------------------|
| Source Type: | Food | Source: | US Foods, Sysco, Inland Seafood, |
|--------------|------|---------|----------------------------------|

| | | | |
|--------------|-------|---------|-------|
| Source Type: | Water | Source: | Metro |
|--------------|-------|---------|-------|

Source Type: _____ Source: _____

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

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

Additional Comments