## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

53.20

Party .																												
Establishment Name					Lakeview Elementary School Cafeteria									Farmer's Market Food Unit     Type of Establishment     Ø Permanent     O Mobile														
Address					6211 Saundersville Rd. Type of Establishment O Temporary O Seasonal																							
City					Mt Juliet Time in 09:50 AM AM / PM Time out 10:40; AM AM / PM																							
			ata		02/21/2024 Establishment # 605030127 Embargoed 0																							
Inspection Date Purpose of Inspection					_	outine			Follov		ent#		omplaint			- ОР				-		Cor	nsultation/Other	i				
Risk Category					01	ouune				e-up		03	A HIPMONT.			04	- <b>Q</b>		,				up Required O Yes	RY No.	Number	of Coah	2	01
Ruse	Ca	-			-			para	tion			and emp				* m					repo	rtec	to the Centers for Disc	ase Cont	rol and Pre	vention		
				as c	ont	ributi	ng fac	tors i															control measures to pr	event illn	ess or injur,	<b>y.</b>		
		(1)	ark de	algna	ted o	omplin	ice stat	us (IH,															INTERVENTIONS ach liom as applicable. Deduc	t points for a	category or sul	boategory	n)	
IN=in compliance OUT=not in compliance NA=not applicable NO=not observed COS=corrected on-site during inspection Compliance Status COS R WT Con											pection R=repeat ( Compliance Sta		e same code pr		S] R	WT												
IN OUT NA NO			NO					uper	vision								IN OUT N			NA	NO	Cooking and Reheatin	-		•			
1	黨	0			Person in charge present, demonstrates knowledge, and performs duties			0	0	5	╽┟╸	Image: Control For Safety (TCS) Foods           16 英 O O O Proper cooking time and temperatures						Foods	-0	То								
2			NA	NO	Mar	agem	ent and	_		vee aw		s; report	ing	0	0			7 0	2	0	0	X	Proper reheating procedures Ceeling and Heiding, De			_	00	1 °
3	×	0	1		-	_	of rest							0	0	5	Ш	"	N	DUT	NA	NO	a Public He			••		
ļ			NA		Dro		Go ing, tast				ctices				0			8 ( 9 )		8	00		Proper cooling time and tem Proper hot holding temperat			- 00	8	
4	XX	0		0		dischar	rge from	n eyes,	, nose	e, and r	mouth				8	5		0 2	8	0	0		Proper cold holding tempera	tures		0	0	1.
6	IN XX	001	NA		Han		an and p				ion by	Hands		0	0		1 1	1 2	_	0	0		Proper date marking and dis			0	-	-
7	2	0	0	0	No	bare ha		tact w	ith rea	edy-to-e	eat food	ds or app	roved	0	0	5		2 (		O TUC	O NA	NO	Time as a public health cont	rol: procedu		ds O	0	
8	8	0	NA		A			es prop	perly s			ocessible	e	0	0	2		3 (	_	0	12		Consumer advisory provided			<sup>1</sup> 0	0	4
	黨	0			_		ined from	m app	roved	source	е			0	0		۱b	1	N	DUT	NA	NO	Highly Suscept	ble Popula	rtions		-	-
10 11	0	0	0				ved at p od conc					ated		8	0	5	2	4 0	7	0	X		Pasteurized foods used; pro	hibited foods	s not offered	0	0	5
12	0	0	×	0		uired r		availa	ble: sh	tell sto	ck tags	s, parasit	e	0	0	1			N	DUT	NA	NO	Cher	nicals				
			NA	NO							amina	tion						5 ( 6 §			X		Food additives: approved an			8	8	5
		00			_		act surfa			-	sanitiz	ed		6	00	4 5	ľ	1		O DUT	NA	NO	Toxic substances properly ic Conformance with				10	-
15	_				Pro		position	of uns	safe fo	ood, ref	turned	food not	re-	0	0	2	2	7 0	5	0	×		Compliance with variance, s HACCP plan	pecialized p	rocess, and	0	0	5
	Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																											
				900			Fractic	.es a	re pr	even	tive m	easure		GOO						-	_	yena	, chemicals, and physic	ai object	s into food			
				00	T⊨no	t in corr	pliance					0	OS=corre	icted o	n-site	durin				6B9			R-repeat (violat		ne code provisio			
		OUT	1				Com	_		tatus Water	,			cos	R	wr	łŀ		OU	T			Compliance St Utensils and Equi			CO	S R	WT
	8 9	8	Past	eurize	ed eggs used where required d ice from approved source					8	00	1	11	45	0				nfood-contact surfaces clean and used	able, proper	rly designed,	0	0	1				
	0	Õ	Varia			ned for	special	lized p	rocest			i		ŏ	ŏ	1		46	0				g facilities, installed, maintain	ed used te	est strips	-	6	1
		OUT		er co	olina		ood Te ds used					r tempera	ature				ΙL	47	0	_			tact surfaces clean			0		
	1	0	cont	rol										0	0	2	ļþ		OU				Physical Facili					
	23						thods u		noiding	2				8	0	1		48 49					I water available; adequate po stalled; proper backflow device			- 8	8	
3	4	0	· · · ·	mom	eters	provid	ed and		ate ntifica	-				0	0	1		50 51	0				waste water properly dispos is: properly constructed, supp		.4	8	-	
5	5	0	_	d prop	erly	abelec					red reco	ords avai	iable	0	0	1	1 -	52	0				use properly disposed; faciliti			Ťõ	6	
		OUT			,		antion o							-	-		ᄂ	53	-		-		lities installed, maintained, an			0	-	
3	6	0	Inse	cts, ro	dent	s, and	animals	s not p	resen	t				0	0	2		54	0	Ac	dequa	te ve	ntilation and lighting; designa	ted areas u	sed	0	0	1
3	7	0	Cont	tamina	ation	preve	nted dur	ring fo	od pre	paratic	on, stor	rage & dis	splay	0	0	1	1 [		ou	т			Administrative I	tems				
	8	-				liness								0	0	1		55					nit posted			0		•
_	9 0			_			ly used getable		lored					8	0	1	+	56	0	M	ost re	cent	inspection posted Compliance Str	tus		O YES		WT
	1	OUT		a i da	ne le	000.00	Prope rly store		of U	tensil					0	1		57			meE		Non-Smokers P with TN Non-Smoker Protect		Act		10	
4	2	0	Uter	sils, e	equip	ment a	nd liner	ns; pro				handled		0	0	1	1 [	58		To	baco	o pro	ducts offered for sale			- 8	8	•
	3 4					ple-sen roperly	vice arti	cles; p	xoper	ly store	ed, use	d			8	1		59		lf t	obac	co pr	oducts are sold, NSPA surve	y completed	1	0	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																												
man	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 (4-703, 68-14-708, 68-14-709, 68-14-715, 68-14-716, 4-6-329.																											
repo	٦,r	<u></u>	sectio	ns 68-	14-70	a, 08-14	Z	14-708	, 68-14-	4709, 68	-14-711,	08-14-71							·		1	Z	$\langle \rangle$					0.0.5
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Sig	Signature of Person In Charge Date Date Signature of Person In Charge Date Signature of Person In Charge Date Date Date Date Signature of Person In Charge Date Date Date Date Date Date Date Dat																											
											-								-			·		e				
IPH-3	Please call ( ) 6154445325 to sign-up for a class.																											

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



#### Establishment Information

Establishment Name: Lakeview Elementary School Cafeteria Establishment Number #: 605030127

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)						
Bucket Meiko	QA Heat	200	161						

Equipment Temperature					
Description	Temperature (Fahrenheit)				
True ric	36				
Wif	8				
Wif 2	2				
Wic	35				

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Peas	Cooking	186
Salisbury steaks	Cooking	180
Mashed potatoes	Hot Holding	154
Milk	Cold Holding	40
Cheese	Cold Holding	41
Chicken nuggets	Cooking	177
55		

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#### Establishment Information

Establishment Name: Lakeview Elementary School Cafeteria

Establishment Number : 605030127

#### Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: Discussed policy with pic
- 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 washed hands after answering door. Employee washed when changing gloves

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 info

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) 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: See food temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: No food being cooled during inspection
- 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: (NO) Time as a public health control is not being used during the inspection.
- 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: Lakeview Elementary School Cafeteria Establishment Number : 605030127

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Lakeview Elementary School Cafeteria Establishment Number # 605030127

Food	Source:	IWC, Purity
Water	Source:	City
	Source:	
	Source:	
	Source:	
		Vater Source: Source: Source:

# Additional Comments