



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

97

Establishment Name Red Bicycle Coffee Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 2099 N Mt. Juliet Rd Ste 26 ☐ Temporary ☐ Seasonal
City Mount Juliet Time in 01:06 PM AM / PM Time out 01:20 PM AM / PM
Inspection Date 02/28/2024 Establishment # 605314926 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 22

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					Compliance Status			COS R WT		
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties					5
Employee Health					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			COS R WT		
2	IN	OUT	NA	NO	Management and food employee awareness, reporting					5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion					5
Good Hygienic Practices					Cooling and Holding, Date Marking, and Time as a Public Health Control			COS R WT		
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use					5
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth					5
Preventing Contamination by Hands					Consumer Advisory			COS R WT		
6	IN	OUT	NA	NO	Hands clean and properly washed					5
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					5
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible					2
Approved Source					Highly Susceptible Populations			COS R WT		
9	IN	OUT	NA	NO	Food obtained from approved source					5
10	IN	OUT	NA	NO	Food received at proper temperature					5
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated					5
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction					5
Protection from Contamination					Chemicals			COS R WT		
13	IN	OUT	NA	NO	Food separated and protected					4
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized					5
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served					2
16	IN	OUT	NA	NO	Proper cooking time and temperatures					5
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding					5
18	IN	OUT	NA	NO	Proper cooling time and temperature					5
19	IN	OUT	NA	NO	Proper hot holding temperatures					5
20	IN	OUT	NA	NO	Proper cold holding temperatures					5
21	IN	OUT	NA	NO	Proper date marking and disposition					5
22	IN	OUT	NA	NO	Time as a public health control: procedures and records					5
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food					4
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered					5
25	IN	OUT	NA	NO	Food additives: approved and properly used					5
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used					5
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan					5

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

GOOD RETAIL PRACTICES

OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status			COS R WT		
Safe Food and Water					Compliance Status			COS R WT		
28	OUT				Pasteurized eggs used where required					1
29	OUT				Water and ice from approved source					2
30	OUT				Variance obtained for specialized processing methods					1
Food Temperature Control					Utensils and Equipment			COS R WT		
31	OUT				Proper cooling methods used; adequate equipment for temperature control					2
32	OUT				Plant food properly cooked for hot holding					1
33	OUT				Approved thawing methods used					1
34	OUT				Thermometers provided and accurate					1
Food Identification					Physical Facilities			COS R WT		
35	OUT				Food properly labeled; original container; required records available					1
Prevention of Food Contamination					45	OUT				1
36	OUT				Insects, rodents, and animals not present					2
37	OUT				Contamination prevented during food preparation, storage & display					1
38	OUT				Personal cleanliness					1
39	OUT				Wiping cloths: properly used and stored					1
40	OUT				Washing fruits and vegetables					1
Proper Use of Utensils					46	OUT				1
41	OUT				In-use utensils; properly stored					1
42	OUT				Utensils, equipment and linens; properly stored, dried, handled					1
43	OUT				Single-use/single-service articles; properly stored, used					1
44	OUT				Gloves used properly					1
Administrative Items					47	OUT				1
55	OUT				Current permit posted					0
56	OUT				Most recent inspection posted					0
Compliance Status					Non-Smokers Protection Act			COS R WT		
57	OUT				Compliance with TN Non-Smoker Protection Act					0
58	OUT				Tobacco products offered for sale					0
59	OUT				If tobacco products are sold, NSPA survey completed					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, 4-5-329.

Signature of Person In Charge [Signature] Date 02/28/2024 Signature of Environmental Health Specialist [Signature] Date 02/28/2024

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

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



Establishment Information

Establishment Name: Red Bicycle Coffee

Establishment Number #: 605314926

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)

Observed Violations**Total #** 3**Repeated #** 0

41:

45:

53:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Red Bicycle Coffee

Establishment Number : 605314926

Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20: Item corrected
21:
22:
23:
24:
25:
26:
27:
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

Establishment Name: Red Bicycle Coffee

Establishment Number : 605314926

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

See last page for additional comments.

Establishment Information

Establishment Name: Red Bicycle Coffee

Establishment Number #: 605314926

Sources

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

Additional Comments

See routine inspection for comments