TENNESSEE DEPARTMENT OF HEALTH PVICE ESTABLISHMENT INSPECTION REPORT

6/200

| ALC: N | | | 100 | | | FOOD SER | VICE ESTA | BL | ISH | IME | IN 1 | 1 | ISI | PEC | TIC | ON REPORT | sco | RE | | |
|--------|----------|----------|--------------|---------|-------------------------------------|---|-------------------------|----------|-------------|-----------|-----------|---------------|----------|---------|--------|---|---------------------------------------|------------|--------------|------|
| 100 | | 14 · | S. S. | | | | | | | | | | | | | | \frown | | | |
| 5.0 | | | | | Lenny's # | #83 | | | | | | | | | | Farmer's Market Food Unit | 9 | r | | |
| | | | t Nar | ne | E700 Airling Dd STE 110 | | | | | | | | | | J | | | | | |
| | iress | | | | Arlington | | | 01 | २ ∙1 | 5 6 | <u></u> | | | | | o Temporary O Seasonal ut 03:55; PM AM / PM | | | | |
| City | | - | | | | 2021 Establishmen | | | <u>.</u> | | Emba | - | | | me o | at 00.00; 1111 AM/PM | | | | |
| | | on Da | ite spect | | MRoutine | O Follow-up | O Complaint | | | - O Pr | | | | | 0.000 | nsultation/Other | | | | |
| | | tegor | | 0,011 | O1 | \$122 | 03 | | | 04 | 200110015 | ary | | | | up Required O Yes 🕱 No | Number of S | ioats | 52 | |
| PUSP | (Ca | _ | isk I | | ors are food | preparation practice | and employee | | vior | 8 mo | | | | rep | ortec | to the Centers for Disease Cont | rol and Prevent | tion | - | |
| | | | | as c | contributing t | | | | | | | | | | | control measures to prevent illus INTERVENTIONS | iss or injury. | | | |
| | | | | algaa | | status (IN, OUT, NA, NO) fo | er each numbered Her | n. For | | mark | M 00 | T, m | nrk Ci | 28 or P | for e | ach Nem as applicable. Deduct points for e | | | | |
| | Pinc | ompli | ance | _ | | npliance NA=not applicab Compliance Status | le NO=not observ | | R | | 5=00 | recte | d on-s | ite dun | ng ins | pection R=repeat (violation of th Compliance Status | | on) COS | R | WT |
| | _ | | NA | NO | Descent in the | Supervision | - Incudedes and | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/ Control For Safety (TCS) | | | | |
| 1 | 邕 | 0 | | | Person in char performs dutie | | ÷ · | 0 | 0 | 5 | | 12 | 0 | 0 | | Proper cooking time and temperatures | | 8 | 0 | 5 |
| 2 | X | | NA | NO | Management | Employee Health and food employee aware | - | 0 | 0 | | 17 | 0 | 0 | * | | Proper reheating procedures for hot hok Ceeling and Holding, Date Marking | - | 0 | 0 | |
| 3 | 黨 | | | | Proper use of | restriction and exclusion | | 0 | 0 | 5 | | IN | OUT | | NO | a Public Health Contr | | | | |
| 4 | IN XX | | NA | | Proper eating | Good Hygienic Practi tasting, drinking, or tobar | | 0 | 0 | | 18 19 | 0 家 | 0 | 8 | | Proper cooling time and temperature Proper hot holding temperatures | | 0 | | |
| 5 | 24 | 0 | NA | 0 | No discharge | from eyes, nose, and more renting Contamination | uth | 0 | 0 | 5 | | 100 | 8 | 8 | | Proper cold holding temperatures Proper date marking and disposition | | 0 | 8 | 5 |
| | 黛 | 0 | | 0 | Hands clean a | and properly washed | | - | 0 | 5 | | 0 | 0 | X | | Time as a public health control: procedu | res and records | 0 | ō | |
| 7 | × | 0 | 0 | 0 | alternate proce | contact with ready-to-eat edures followed | | 0 | 0 | | | IN | OUT | _ | NO | Consumer Advisory | | | | |
| | | OUT | NA | NO | | sinks properly supplied a Approved Source | | | 0 | 2 | 23 | 0 | 0 | 黛 | | Consumer advisory provided for raw and food | | 0 | ٥ | 4 |
| 10 | 黨黨 | 0 | 0 | 0 | | I from approved source at proper temperature | | 0 | | | 24 | IN O | OUT | NA | NO | Highly Susceptible Popula Pasteurized foods used; prohibited foods | | 0 | 0 | |
| | × | | 22 | 0 | | condition, safe, and unadi rds available: shell stock | | 0 | _ | 5 | - | | OUT | - | | | not offered | - | 9 | 9 |
| 12 | O IN | O OUT | NA | - | destruction | otection from Contam | | 0 | 0 | _ | 25 | IN O | | XX | | Chemicals Food additives: approved and properly u | sed | 01 | তা | |
| 13 | X | 0 | 0 | | Food separate | ed and protected surfaces: cleaned and sar | | _ | 2 | | 26 | 黛 | 0 | | · | Toxic substances properly identified, sto Conformance with Approved F | red, used | ō | | 5 |
| | 200 | 0 0 | - | | | ition of unsafe food, return | | 0 | 0 | 5 2 | 27 | IN O | 001 | NA S | NO | Compliance with variance, specialized p HACCP plan | | 0 | 0 | 5 |
| | _ | | | Gor | | ctices are prevently | e measures to co | antro | l the | intr | duc | tion | of | atho | | , chemicals, and physical object | a into fooda. | | | |
| | | | | _ | | | | | | ETA | | | | | | | | | | |
| | | | | OU | T=not in complia | ompliance Status | COS=com | icted o | | during | | | | | | R-repeat (violation of the san Compliance Status | | COS | R | WT |
| | _ | OUT | | | 5 | afe Food and Water | | | | | | 0 | UT | | | Utensils and Equipment | | | ~ | |
| 2 | 8 9 | 0 | Wate | er and | ed eggs used w fice from appro | oved source | | 0 | 0 | 2 | 4 | 5 (| | | | nfood-contact surfaces cleanable, proper and used | ly designed, | 0 | ٥ | 1 |
| 3 | 0 | OUT | | ince | | ecialized processing meth 1 Temperature Control | | 0 | 0 | 1 | 44 | 6 | ٥V | Varew | ashin | g facilities, installed, maintained, used, te | st strips | 0 | ٥ | 1 |
| 3 | 1 | ο | Prop | | oling methods u | used; adequate equipmen | t for temperature | 0 | 0 | 2 | 47 | _ | Λ Ο Ν | lonfoo | d-cor | htact surfaces clean Physical Facilities | | 0 | 0 | 1 |
| _ | 2 | | Plan | food | | ed for hot holding | | | 0 | 1 | 4 | 5 0 | 0 1 | | | water available; adequate pressure | | 0 | | 2 |
| 3 | 3 4 | | | | thawing metho eters provided a | | | 0 | 0 | 1 | 49 | _ | | | | stalled; proper backflow devices waste water properly disposed | | 0 | 0 | 2 |
| | _ | OUT | | | | Food Identification | | | | | 5 | - | | | | es: properly constructed, supplied, cleane | | | 0 | 1 |
| 3 | 5 | OUT | F000 | s prop | | iginal container; required on of Feed Contamina | | 0 | 0 | 1 | 53 | _ | | | | use properly disposed; facilities maintaine lities installed, maintained, and clean | .a | 0 | 0 | 1 |
| 3 | 6 | - | Insec | ts, ro | | mais not present | | 0 | 0 | 2 | 54 | | - | | | ntilation and lighting; designated areas u | sed | ō | 0 | 1 |
| 3 | 7 | 0 | Cont | amin | ation prevented | during food preparation, | storage & display | 0 | 0 | 1 | | 0 | UΤ | | | Administrative items | | | _ | |
| - | 8 | | - | | cleanliness | | | 0 | 0 | 1 | 54 | _ | | | | nit posted | | 0 | 0 | 0 |
| _ | 9 0 | | | | ths; properly un ruits and veget | sed and stored ables | | | 0 | 1 | 54 | 5 (| 0 1 | fost re | cent | Compliance Status | | O YES | 0 NO | WT |
| 4 | _ | OUT | | | | oper Use of Utensils | | | 0 | | 57 | , | - | omoli | 2000 | Non-Smokers Protection / with TN Non-Smoker Protection Act | Act | x | 0 | |
| 4 | 2 | 0 | Uten | sils, e | equipment and | linens; properly stored, dr | | 0 | 0 | 1 | 53 | 5 | T | obacc | o pro | ducts offered for sale | | 0 | 0 | 0 |
| _ | 3 4 | | | | ed properly | articles; properly stored, | used | | 8 | | 20 | ' | 1 | tobac | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | | | | | | | | | | | | | | Repeated violation of an identical risk factor e. You are required to post the food service of | | | | |
| man | ner a | nd po | st the | most | recent inspection | | anner. You have the rig | pht to r | eques | | | | | | | lling a written request with the Commissioner | | | | |
| _ | 2 | 1 | | / | 1 | | 04/: | | | 1 | | (| | | V | 12 | · · · · · · · · · · · · · · · · · · · |)4/1 | <u>Δ</u> 12 | 021 |
| Sig | natu | re of | Pers | on In | Charge | n e | 04/. | | - | Date | Sig | natu | re of | Envir | onme | ental Health Specialist | | · - Ŧ/ ⊥ | τ <i>ι</i> Ζ | Date |
| | | | | | | **** Additional food sa | fety information car |) be fo | ound | on ou | | | | | | ealth/article/eh-foodservice | | | | |
| | | | | | | Free food safe | ty training classe | s are | ava | ilable | eac | h ma | onth | at the | cou | inty health department. | | | | |

| PH-2267 (Rev. 6-15) | Free food safety training c | e food safety training classes are available each month at the county health department. | | | | |
|---------------------|-----------------------------|--|-------------------------|--------|--|--|
| 1192201 (Nev. 0-10) | Please call (|) 9012229200 | to sign-up for a class. | RDA 62 | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Lenny's #83 Establishment Number #: 605196439

| 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 wenty-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. | |
| Sarage 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) | | | | | | | | |
| 3 comp sink | QA | | | | | | | | | | |

| Equipment Temperature | | | | | |
|-------------------------------|----|--|--|--|--|
| Description Temperature (Fal | | | | | |
| Reach in freezers | 0 | | | | |
| Reach in coolers | 38 | | | | |
| Reach in cooler | 40 | | | | |
| | | | | | |

| Food Temperature | | | | | |
|------------------|---------------|-------------------------|--|--|--|
| Description | State of Food | Temperature (Fahrenheit | | | |
| Meatballs | Hot Holding | 141 | | | |
| Sliced meats | Cold Holding | 40 | | | |
| Chicken | Cold Holding | 40 | | | |
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Observed Violations

Total # 4

Repeated # ()

38: All employees behind front counter and in kitchen must wear full hair restraints

43: Keep the boxes of to go cups stored off the floor

51: Provide a covered waste container inside women restroom

53: Keep the mops and brooms stored hanging up , clean the grill area and ventahood filters

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Lenny's #83 Establishment Number : 605196439

| Comments/Other Observations | |
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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: Lenny's #83

Establishment Number: 605196439

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Lenny's #83 Establishment Number # 605196439

| Sources | | | | |
|--------------|------|---------|------|--|
| Source Type: | Food | Source: | Food | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |

Additional Comments

2019 permit posted , please check on your new permit , not following all the CDC Rules , allowed a customer come in without a mask on and sat down to eat , use peroxide disinfectant , dine in and take out , etc