

Establishment Name

Purpose of Inspection

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Remanent O Mobile Type of Establishment

O Consultation/Other

14805 Lebanon Rd O Temporary O Seasonal

Old Hickory Time in 11:20; AM AM/PM Time out 12:36; PM AM/PM

03/01/2024 Establishment # 605261203 Embargoed 0 Inspection Date

O Complaint

O Follow-up

Meatballs Italian Grill

KRoutine

Number of Seats 109 Risk Category О3 04 Follow-up Required O Yes 疑 No

O Preliminary

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | ∮ =in c | compli | ance | | OUT=not in compliance NA=not applicable NO=not observ | ed | | C | ⊃ S=c | юп | recte | d on-si | te d |
|----|----------------|--------|------|----|--|-----|---|---------------|--------------|-----|-------|----------|------|
| | | | | | Compliance Status | cos | R | WT | | | | | |
| | IN | OUT | NA | NO | Supervision | | | | | I | IN | оит | N |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | - | 16 | × | 0 | - |
| | IN | OUT | NA | NO | Employee Health | | | | | 17 | | O | 7 |
| 2 | 300 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | ı | 1 | | | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | П | | IN | OUT | N |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 7 | 18 | 0 | 0 | 7 |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 1 17 | 19 | 文 | 0 | 7 |
| 5 | 滋 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° | 2 | 100 | 245 | 0 | 7 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 2 | :1 | * | 0 | 7 |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | ΙG | 22 | 0 | 0 | 9 |
| 7 | 900 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | ΙĽ | - | _ | _ | ð |
| • | 500 | _ | _ | _ | alternate procedures followed | _ | _ | | | I | IN | OUT | ١ |
| 8 | - XX | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | ΙĘ | 23 | 0 | 0 | 8 |
| | IN | OUT | NA | NO | Approved Source | | _ | | l Ľ | _ | _ | _ | Ľ |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | | ш | | IN | OUT | N |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | | ΙĘ | 4 | 0 | 0 | 9 |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | ΙĽ | 1 | • | <u>-</u> | · |
| 12 | 0 | 0 | 320 | 0 | Required records available: shell stock tags, parasite | 0 | 0 | | П | Т | IN | оит | N |
| | - 161 | OUT | 0-0 | NO | destruction | - | _ | $\overline{}$ | l la | J | ~ | - | - |
| | IN | | | NO | Protection from Contamination | _ | _ | | | 5 | 0 | 0 | ě |
| 13 | 2 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | ² | 6 | × | | |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | ΙL | | IN | OUT | N |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 2 | :7 | 0 | 0 | 8 |

| | | | | | Compliance Status | COS | R | WT |
|----|----------|-----|----|----|---|-----|---|----|
| | | | | | | | | |
| 16 | | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding | 0 | 0 | ٥ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | 涎 | Proper cooling time and temperature | 0 | 0 | |
| 19 | X | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 243 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 00 | | |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | X | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

e to control the introduction of patho s, chemicals, and physical objects into foods.

L PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | _; |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 1 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 |
| 33 | Ō | Approved thawing methods used | Ō | Ō | ١. |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | T. |
| | OUT | Food Identification | 1 | _ | |
| 35 | × | Food properly labeled; original container; required records available | 0 | 0 | ļ |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | r |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | Γ. |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Ī |
| | OUT | Proper Use of Utensils | - | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Γ. |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Ι, |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | r |
| 44 | | Gloves used properly | 0 | 0 | т. |

| nspection R-repeat (violation of the same code provision) | | | | | | | |
|---|-----|--|-----|----|----|--|--|
| | OUT | Compliance Status Utensils and Equipment | COS | R | WT | | |
| | | | | | | | |
| 45 | M | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 | | |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 | | |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 | | |
| | OUT | Physical Facilities | | | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 | | |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 | | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 | | |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 | | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 | | |
| 53 | 2% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 | | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 | | |
| | OUT | Administrative Items | Т | | | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 | | |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ۰ | | |
| | | Compliance Status | YES | NO | WT | | |
| | | Non-Smokers Protection Act | | | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - X | 0 | | | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 | | |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | | | |

anner. You have the right to request a h n (10) days of the date of the

Date

03/01/2024

03/01/2024

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Meatballs Italian Grill
Establishment Number # | 605261203

| 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) | | | | | | |
| Auto-Chlor | CI | 100 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Equipment Temperature | | | | | | |
|-----------------------|---------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
| Avantco ric | 40 | | | | | |
| Wic | 37 | | | | | |
| Whirlpool rif | 2 | | | | | |
| Avantco ric | 35 | | | | | |

| Food Temperature | | |
|------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Meat sauce | Hot Holding | 147 |
| Meatballs | Hot Holding | 141 |
| Chicken raw | Cold Holding | 40 |
| Spaghetti | Cold Holding | 41 |
| Calamari | Cold Holding | 41 |
| Lasagna | Cold Holding | 40 |
| Milk | Cold Holding | 39 |
| Chicken parm | Cooking | 185 |
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| Observed Violations | | | | | | | |
|--|--|--|--|--|--|--|--|
| Total # 4 | | | | | | | |
| Repeated # () | | | | | | | |
| 35: Squeeze bottles stored on top of ric not labeled | | | | | | | |
| 42: Utensils stored haphazardly in a bin on shelf across from dish machine | | | | | | | |
| 45: Severely grooved cutting board stored on bottom shelf across from dish | | | | | | | |
| machine | | | | | | | |
| 53: Dust hanging from ceiling vent in kitchen | | | | | | | |
| See Last Harright Grant Grant His Harris H | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Meatballs Italian Grill

Establishment Number: 605261203

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 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 handling raw chicken. Employee washed hands 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: (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: 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: (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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}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: Meatballs Italian Grill | |
| Establishment Number: 605261203 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
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| See last page for additional comments. | |
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| Establishment Information | | | | | | | | | |
|---|-----------|---------|----------------------------------|--|--|--|--|--|--|
| Establishment Name: Meatballs Italian Grill | | | | | | | | | |
| Establishment Number #; | 605261203 | | | | | | | | |
| | | | | | | | | | |
| Sources | | | | | | | | | |
| Source Type: | Water | Source: | City | | | | | | |
| Source Type: | Food | Source: | Restaurant Depot, Sysco, Publix, | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Additional Comme | nts | | | | | | | | |
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