



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Slow Hand Bakehouse Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 111 South Greenwood Street ☐ Temporary ☐ Seasonal
City Lebanon Time in 11:35 AM AM / PM Time out 12:42 PM AM / PM
Inspection Date 04/18/2024 Establishment # 605317194 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 25

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		
					Compliance Status			COS R WT		
					Supervision					
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties					5
					Employee Health					
2	IN	OUT	NA	NO	Management and food employee awareness, reporting					5
3	IN	OUT	NA	NO	Proper use of restriction and exclusion					
					Good Hygienic Practices					
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					
					Preventing Contamination by Hands					
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					
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible					2
					Approved Source					
9	IN	OUT	NA	NO	Food obtained from approved source					
10	IN	OUT	NA	NO	Food received at proper temperature					5
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated					
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction					
					Protection from Contamination					
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
					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
16	IN	OUT	NA	NO	Proper cooking time and temperatures					5
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding					
					Cooling and Holding, Date Marking, and Time as a Public Health Control					
18	IN	OUT	NA	NO	Proper cooling time and temperature					5
19	IN	OUT	NA	NO	Proper hot holding temperatures					
20	IN	OUT	NA	NO	Proper cold holding temperatures					
21	IN	OUT	NA	NO	Proper date marking and disposition					
22	IN	OUT	NA	NO	Time as a public health control: procedures and records					
					Consumer Advisory					
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food					4
					Highly Susceptible Populations					
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered					5
					Chemicals					
25	IN	OUT	NA	NO	Food additives: approved and properly used					5
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used					
					Conformance with Approved Procedures					
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					
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					
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					
35	OUT				Food properly labeled; original container; required records available					1
					Prevention of Food Contamination					
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					
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
					Utensils and Equipment					
45	OUT				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					1
46	OUT				Warewashing facilities, installed, maintained, used, test strips					1
47	OUT				Nonfood-contact surfaces clean					1
					Physical Facilities					
48	OUT				Hot and cold water available; adequate pressure					2
49	OUT				Plumbing installed; proper backflow devices					2
50	OUT				Sewage and waste water properly disposed					2
51	OUT				Toilet facilities: properly constructed, supplied, cleaned					1
52	OUT				Garbage/refuse properly disposed; facilities maintained					1
53	OUT				Physical facilities installed, maintained, and clean					1
54	OUT				Adequate ventilation and lighting; designated areas used					1
					Administrative Items					
55	OUT				Current permit posted					0
56	OUT				Most recent inspection posted					0
					Compliance Status			YES NO WT		
					Non-Smokers Protection Act					
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 68-14-203, 68-14-206, 68-14-208, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/18/2024 Signature of Environmental Health Specialist [Signature] Date 04/18/2024

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

Establishment Number #: 605317194

Smoking observed where smoking is prohibited by the Act.

Description	State of Food	Temperature (Fahrenheit)
Scrambled Eggs Squares	Cold Holding	43
Chorizo	Cold Holding	42
Diced Ham	Cold Holding	42
Ham onion mushroom Fritata	Cold Holding	35
Sausage Egg and Cheese Biscuit	Hot Holding	134
Milk	Cold Holding	41
Raw Sausage	Cold Holding	42

Observed Violations

Total # 1

Repeated # 0

51: No paper towels in bathroom on second floor; MOD corrected onsite by replacing paper towels in dispenser

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Slow Hand Bakehouse

Establishment Number : 605317194

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Establishment has employee illness policy
- 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:
- 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 sources
- 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: No foods observed being cooked during inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed being cooked during inspection
- 19: See temps
- 20: See 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:
- 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.

***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.

Establishment Information	
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Establishment Number #:	605317194

Sources

Source Type:	Water	Source:	City
Source Type:	Food	Source:	GFS Creation Gardens Counter
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments

Three comp sink not set up during inspection