TENNESSEE DEPARTMENT OF HEALTH

	FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE																			
ß			a start																	
		and a second			VIRAGO											O Farmer's Market Food Unit		C		
Establishment Name		Type of Establishment O Mobile																		
Add	ess				II20 MCGAVOCK STREET o Temporary o Seasonal Nashville Time in 08:00 PM AM / PM Time out 08:05: PM AM / PM															
City						0.4			5.0			-			me ou	t 08:05; PIVI AM/PM				
Insp	ectio	n Da	rte		03/20/20	24 Establishmen	£# <u>60525983</u>	9		-	Emba	rgoe	d 0							
Purp	ose	of In	spec	tion	O Routine	樹 Follow-up	O Complaint			O Pr	elimin	ary		0	Cor	sultation/Other				
Risk	Cat	egor			01	X 2	03			O 4						up Required O Yes 鑬 No	Number of Se		22	5
		R	isk I													to the Centers for Disease Control control measures to prevent illness		lion		
																INTERVENTIONS				
IN	in co	ompli		algea	OUT=not in complia				Rema			_				sch item as applicable. Deduct points for cate pection R=repeat (violation of the sa				
	_	_	_			npliance Status		COS	R				_	_		Compliance Status			R	WT
\square	_		NA	NO	Person in charge	Supervision present, demonstrate	s knowledge and					IN	ουτ	NA	NO	Cooking and Roheating of Time/Ter Control For Safety (TCS) For				
		0	NA	NO	performs duties	Employee Healt		0	0	5		<u>演</u> 0	00	8		Proper cooking time and temperatures Proper reheating procedures for hot holding		8	읭	5
2	X	0	nue.	no	Management and	d food employee awar			0		۳	IN	олт			Cooling and Holding, Date Marking, a		-	-	
\rightarrow		0			,	triction and exclusion		0	0	<u> </u>						a Public Health Control		-		
4	20	0	NA			ood Hygionic Pract sting, drinking, or toba		0	0	-		区区	0	8	_	Proper cooling time and temperature Proper hot holding temperatures		8		
5	2	0		0	No discharge from	m eyes, nose, and mo	uth	Ō	0	5	20		0	0		Proper cold holding temperatures		0	0	5
	N N	0	NA		Hands clean and	ting Contamination properly washed	n by Hands	0	0			复复	0	0		Proper date marking and disposition	and counts	0	0	
-	×	0	0	0		ntact with ready-to-eat	foods or approved	0	0	5	"	in in	OUT	O NA		Time as a public health control: procedures Consumer Advisory	and records	9	9	
8						iks properly supplied a	ind accessible	0	0	2	23	×	0	0	no	Consumer advisory provided for raw and un	dercooked	0	0	4
	IN 宸		NA	NO	Food obtained fro	Approved Source om approved source	•	0	0	-	-	IN	OUT	-	NO	food Highly Susceptible Populatio	ens	-	-	
10	তা	0	0	20	Food received at	proper temperature	literated	0	0	5	24	0	0	88		Pasteurized foods used; prohibited foods no	ot offered	0	0	5
11 12	_	0	0	0	Required records	ndition, safe, and unad available: shell stock		0	0 0	Ĭ	H	IN	OUT		NO	Chemicals				
				NO	destruction Prot	ection from Contan	ination	Ľ		_	25	0		22		Food additives: approved and properly used	4	0	न	
13	2	0	0		Food separated a			0	0		26	×	0		·	Toxic substances properly identified, stored		0	0	•
14 15	_	0	0			faces: cleaned and sa n of unsafe food, retur		0	0 0	5	27	_	001	NA	NO	Compliance with variance, specialized proc		0	0	5
	~	•			served			Ŭ		-		<u> </u>	Ŭ	~		HACCP plan		<u> </u>	<u> </u>	
				Goo	d Retail Pract	ices are preventiv	e measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects in	ato foods.			
				011	T=not in compliance		COS=com				L PR			5		R-repeat (violation of the same of	ado ora ísleo)			
					Con	npliance Status	003-001		R		Ē					Compliance Status		COS	R	WT
21	_	OUT	Past	euríze	Safe od eggs used whe	Food and Water		0	0	1			UT	ood ar	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly of	fesigned	-		
2	9	0	Wate	er and	lice from approve	d source		0	0	2	4	5 0				and used	noogines,	•	<u> </u>	1
3	-	OUT		ince (alized processing meth emperature Contro		0	0	1	4	5 (o v	Varew	ashin	g facilities, installed, maintained, used, test s	strips	0	0	1
3	1	0	Prop		oling methods use	d; adequate equipmer	nt for temperature	0	0	2	4	_	O N UT	lonfoo	d-con	tact surfaces clean Physical Facilities		0	0	1
3:	2	0			properly cooked f	for hot holding		0	0	1	4	_	-	lot and	i cold	water available; adequate pressure		0	0	2
3	_		<u> </u>		thawing methods			0	0	1	4	_	_			talled; proper backflow devices		_	0	2
3	_	OUT	Ther	mom	eters provided and Foo	d accurate		0	0	1	5		-			waste water properly disposed s: properly constructed, supplied, cleaned			0	2
3	5	0	Food	i prop	erly labeled; origin	nal container; required	records available	0	0	1	5	2 (0	Sarbag	e/refu	se properly disposed; facilities maintained		0	0	1
		OUT			Prevention	of Food Contamina	ation				5	5 0	o P	hysica	al faci	ities installed, maintained, and clean		0	0	1
3	8	0	Inse	cts, ro	dents, and animal	is not present		0	0	2	5	1	0 A	dequa	de ve	ntilation and lighting; designated areas used	1	0	0	1
3	7	X	Cont	amin	ation prevented du	uring food preparation,	storage & display	0	0	1		0	UΤ			Administrative Items				
3	_	-	-		leanliness			0	0	1	5	_	_		-	iit posted		0	0	0
3	_			<u> </u>	ths; properly used ruits and vegetable				0		54	\$ (0 1	lost re	cent	Compliance Status		0 YES		WT
	_	OUT			Prop	er Use of Utensils										Non-Smokers Protection Act	t			
4	_				nsils; properly sto equipment and line	red ens; properly stored, d	ried handled		8		5					with TN Non-Smoker Protection Act ducts offered for sale		흥	읭	0
- 4	3	0	Sing	e-use	single-service an	ticles; properly stored, d		0	0	1	5	5				oducts oriered for sale oducts are sold, NSPA survey completed		ŏ		5
4					ed properly				0											
																Repeated violation of an identical risk factor ma . You are required to post the food service esta				
mary	er ar	nd po	st the	most	recent inspection re	port in a conspicuous m	anner. You have the rig	the to r	eques	t a he	aring r	egard	ling th	is repo	rt by f	ling a written request with the Commissioner wit	hin ten (10) days	of the	date	of this

×12 _ Signature of Person In Charge

Contraction of the

03/20/2024

epher aller Date Sign lealth Specialist re of Environme

03/20/2024

Date

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

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: VIRAGO Establishment Number #: 605259839

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 3moking" 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. Smoking observed where smoking is prohibited by the Act.

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						

Equipment l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature Decorption	State of Food	Temperature (Fahrenheit

Observed Violations
Total # 1 Repeated # 0
Repeated # 0
37:

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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.

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Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

Additional Comments