

Purpose of Inspection

**K**Routine

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE SCORE

100

Silver Linings Bar Car

Silver Linings Bar Car

Type of Establishment

O Temporary

O Seasonal

Mt Pleasant

Time in 01:00 PM AM / PM Time out

O4/15/2024 Establishment

Establishment

O Temporary

O Seasonal

O4/15/2024 Establishment

O Temporary

O Seasonal

O

O Complaint

Risk Category O1 

©2

O3

O4

Follow-up Required O Yes © No Number of Seats 12

O Preliminary

O Consultation/Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

# (Hark designated compliance status (IH, OUT, HA, HO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory

10	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	-MC	0			Management and food employee awareness; reporting	0	0	
3	×	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	°
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed	0	0	
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	_	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ŕ	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

O Follow-up

ш	Compliance Status							WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	-	0	0	×	Proper cooking time and temperatures	0	0	5
17	0	0	200	0	Proper reheating procedures for hot holding	0	0	Ů
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	×	0	Proper cooling time and temperature	0	0	
19		0	0	文		0	0	
20		0	0	L,	Proper cold holding temperatures	0	0	5
21	0	0	0	凝	Proper date marking and disposition	0	0	*
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	OUT	NA	NO	Chemicals			
25		0	<b>X</b>		Food additives: approved and properly used	0	0	5
26	0.0	0			Toxic substances properly identified, stored, used		0	Ľ
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

L PRACTICES

		OUT=not in compliance COS=con	ected or	1-6/50	άı
		Compliance Status	COS		_
	OUT	Safe Food and Water		_	_
28	0	Pasteurized eggs used where required	0	0	г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	<u> </u>
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	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	Г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

pecti	2011	R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensils and Equipment			
45	0	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	-
49	0	Plumbing installed; proper backflow devices	0	0	-:
50	0	Sewage and waste water properly disposed	0	0	- 3
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	١.
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	П		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	8
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	100	0	
58		Tobacco products offered for sale	9	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	$\perp$

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, 68-14-705, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

04/15/2024

04/15/2024

Signature of Person In Charge

onature of Environmental Health Specialist

Date

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

Date

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

Establishment Information



Establishment Name: Silver Linings Bar Car	
Establishment Number # 605263133	
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)				
3 comp sink	Chlor						

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Freezer	0				
Fridge	38				

State of Food	Temperature ( Fahrenheit
	State of Food

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



### Establishment Information

Establishment Name: Silver Linings Bar Car

Establishment Number: 605263133

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Pic aware of 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: Employee hands properly washed
- 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: Aldis, walmart
- 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: no raw foods observed being cooked
- 17: (NA) No TCS foods reheated for hot holding.
- 18: NA: kitchen does not cool any foods for use at a later date.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Good cold holding observed in equipment in kitchen.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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:

\*\*\*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.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Silver Linings Bar Car				
blishment Number: 605263133				
nments/Other Observations (cont'd)				
litional Comments (cont'd)				
e last page for additional comments.				
; last page for additional comments.				

Establishment Information

Establishment Information						
	Silver Linings Bar Car					
Establishment Number #	605263133					
Sources						
	147	•	0. (14.5)			
Source Type:	Water	Source:	City of Mt Pleasant water			
Source Type:		Source:				
Source Type:		Source:				
Source Type:		Source:				
Source Type.		Source.				
Source Type:		Source:				
Additional Comme	ents					