TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

R.		111	a star																
Establishment Name					Jersey Oven						ve of i	o Farmer's Market Food Unit e of Establishment O Mobile							
Address					300 Pleasant Grove Rd., STE 460 Type of Establishment O Temporary O Seasonal														
					Mount Juliet		Time in	1():5	8 A	١M	A	M/P	и ті	me ou	ut 11:46:AM AM/PM			
,	erti	on Da	te		10/04/202	22 Establishment #					Emba								
			spec		Routine	O Follow-up	O Complaint			- O Pr			-		Cor	nsultation/Other			
		tegor			01	802	03			04		,				up Required O Yes 🕅 No Number o	Seate	16	
11.00	0.00		isk I		ors are food prep	aration practices a	nd employee		vior	* mc				repo	orted	to the Centers for Disease Control and Preve	ntion		
				as c	ontributing facto											control measures to prevent illness or injury.			
		(11	ırk de	algnat	ed compliance statu											INTERVENTIONS ach liem as applicable. Deduct points for category or subc	itegory.	ð	
IN	•in c	ompii	ance			ce NA=not applicable	NO=not observe	d COS	R)S=∞	rrecte	d on-s	ite duri	ng ins	spection R=repeat (violation of the same code pro- Compliance Status			WT
Т	IN	OUT	NA	NO	winp	Supervision		000	-			IN	олт	NA	NO	Cooking and Rohesting of Time/Temperature		~	
1	黨	0				esent, demonstrates kno	owledge, and	0	0	5	16	1	0			Control For Safety (TCS) Foods Proper cooking time and temperatures	-		
			NA	NO	performs duties	Employee Health						õ	ŏ	×	-	Proper reheating procedures for hot holding	ŏ	00	5
	風覚	0 0			Management and fo Proper use of restric	ction and exclusion	s; reporting	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time a a Public Health Control	1		
-	_		NA	NO	,	d Hygienic Practices	1	-			18	0	0	0	×	Proper cooling time and temperature		ा	
	区区					ng, drinking, or tobacco u eyes, nose, and mouth	150	0	0	5	19	0 23	0	<u>8</u>		Proper hot holding temperatures Proper cold holding temperatures	0	8	
	IN	OUT	NA	NO	Preventin	g Contamination by	Hands					X		ŏ		Proper date marking and disposition	ŏ	ŏ	5
6	直区		0	0	Hands clean and pr No bare hand conta	operly washed ict with ready-to-eat food	is or approved	0	0 0	5	22	0	0	×	0	Time as a public health control: procedures and records	0	0	
		0	•	-	alternate procedure Handwashing sinks	s followed properly supplied and a	coessible	-	0	2	-	IN	OUT	-	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	-		
	IN 嵐	OUT	NA	NO		Approved Source			0		23	× IN	O	O NA	NO	food Highly Susceptible Populations	0	0	4
10	0	0	0	-	Food obtained from Food received at pr	oper temperature		0	0		24		0	25	no	Pasteurized foods used; prohibited foods not offered	0	0	5
11	_		20	0		tion, safe, and unadultera vailable: shell stock tags,		0	0	5	-	IN	OUT	_	NO		Ť		Ű
12	O	O	~	NO	destruction	tion from Contaminat		0	0		25	0	001			Chemicals Food additives: approved and properly used	-	0	
13	X	0	0		Food separated and	d protected			0		26	民	0		·	Toxic substances properly identified, stored, used	ŏ	ŏ	5
	_	0	0	l.		ces: cleaned and sanitize of unsafe food, returned f		0	0			_		NA	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and	-		
15	X	0			served			0	0	2	27	0	0	黨		HACCP plan	0	0	5
				Goo	d Retail Practice	es are preventive m	easures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical objects into foods.			
								GOO	D R	ar/A	L PR	ACT	1CB	8					
				00	Tenot in compliance Compl	liance Status	COS=corre		R		inspe	ction				R-repeat (violation of the same code provision Compliance Status		R	WT
2	8	OUT		0.11570	Safe F d eggs used where	ood and Water		0	0	-		_	UT	ood a	ad no	Utensils and Equipment mood-contact surfaces cleanable, properly designed,			
2	9	0	Wate	er and	ice from approved s	source		0	0	Ż	4	5 2				and used	0	0	1
3	0	OUT	Varia	ince o		red processing methods nperature Control		0	0	1	4	6	o v	Varew	ashin	g facilities, installed, maintained, used, test strips	0	0	1
3	1	0	Prop		oling methods used;	adequate equipment for	temperature	0	0	2	4	_	O N UT	lonfoo	d-con	ntact surfaces clean	0	0	1
3	2	0			properly cooked for	hot holding		0	0	1	4	_	_	lot and	i cold	Physical Pacilities i water available; adequate pressure	0	0	2
3	_				thawing methods us eters provided and a			0	0	1	4	_	_			stalled; proper backflow devices	0	8	2
		OUT				Identification		Ľ		_	5		-			es: properly constructed, supplied, cleaned		ŏ	1
3	5	0	Food	i prop	erly labeled; original	container; required reco	rds available	0	0	1	5	2	o o	Sarbag	e/refu	use properly disposed; facilities maintained	0	0	1
		OUT				Feed Contamination	1	-			5	_	-			ilties installed, maintained, and clean	0	0	1
3	6	0	Insec	cts, ro	dents, and animals r	hot present		0	0	2	5	-	-	vdequa	ne ve	entilation and lighting; designated areas used	0	0	1
3	7				-	ng food preparation, store	age & display	0	0	1		0	UT			Administrative items			
3	-				leanliness ths: properly used a	nd stored		0	0	1	5					nit posted inspection posted	8	8	0
4	_	0	Was	<u> </u>	ruits and vegetables				ŏ	1	É		- 1.			Compliance Status			WT
4	1	OUT		e ute	Proper nsils; properly stored	Use of Utensils		0	0	1	5	7	-	Sompli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act		IOI	
4	_					; properly stored, dried, l les; properly stored, used		0		1	5					ducts offered for sale roducts are sold, NSPA survey completed		0	0
	4				ed properly	es, property stored, used	<u> </u>		ŏ	1	Ľ*	· _	_	100000	00 pr	oddes are sold, Nor A sarvey completed	10		
																Repeated violation of an identical risk factor may result in re- e. You are required to post the food service establishment per			
man	ter a	nd po	st the	most	recent inspection repo		r. You have the rig	the to r	eques							fling a written request with the Commissioner within ten (10) d			
			9	>	2	and the second se				2				4	¥	K)	10"	7410	0000
Circ.	and to	10.01	Deer	0.0.1-	Charge		10/0	J4/2	_		Circle 1	ð		V	V	antal kipalth Specialist	10/0	J4/2	Date
agi	dlu	e of	rers	onin	Charge	Additional fand	alor at a	het		Date	- 4					ental Health Specialist			Late
			*			,										ealth/article/eh-foodservice **** unty health department.			
PH-0	201	(Hev.	6-15)						4 -		-02							R	DA 629

(6-15) Please call () 6154445325 to sign-up for a class.	A 629
Prease call () 0134445525 to sign-up for a class.	A 023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jersey Oven Establishment Number #: 605300913

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)

Equipment Temperature			
Description	Temperature (Fahrenheit)		
Atosa ric	36		
Wic	35		
Atosa rif	3		
Atosa ric bagels	37		

Food Temperature		
Decoription	State of Food	Temperature (Fahrenheit)
Pork roll	Cold Holding	41
Corned beef	Cold Holding	39
Salmon cream cheese spread	Cold Holding	40
Blueberry pastry filling	Cold Holding	37
Fried egg	Cooking	167
		1

Observed Violations	
Total #	
Repeated # ()	

45: Severely grooved cutting board on bagel topping cooler.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Name: Jersey Oven

Establishment Number : 605300913

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): An employee health policy is available.

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 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: 3 comp sink not setup discussed proper setup
- 15: (IN) No unsafe, returned or previously served food served.
- 16: See food temps
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NA) Establishment does not hot hold TCS foods.
- 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: Statement on menu board
- 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.

Establishment Information

Establishment Name: Jersey Oven

Establishment Number: 605300913

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Jersey Oven Establishment Number # 605300913

SourcesSource Type:WaterSource:CitySource Type:FoodSource:PFS, Boars Head, WalmartSource Type:Source:Source:Source Type:Source:Source:Source Type:Source:Source:

Additional Comments