TENNESSEE DEPARTMENT OF HEALTH

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| | | | FOOD SERVICE ESTAB | BLI | SH | ME | INT | r IP | NSF | PEC | TI | | ORE | | | | |
|------------------------------------|---|--------------|--------------------|--------|--|--------|----------|--------|----------|---------|----------------------------------|--|--------|--|----------|----------|----------|
| Establishment Name | | | LOU | | | | | Tree | o of f | Establi | e h | O Farmer's Market Food Unit ant O Mobile | | (| | | |
| Add | ress | | | | 1304 MCGAVICK PIKE | | | | | i yp | eore | stabi | snime | O Temporary O Seasonal | | | / |
| City | | | | | Nashville Time in | 03 | 3:1 | 5 F | M | AJ | 4/P | M Tir | ne o | ut 03:25: PM АМ/РМ | | | |
| Insc | ectic | n Da | te | i | 04/17/2024 Establishment # 605259893 | _ | | _ | | - | | | | | | | |
| | | | spect | | O Routine O Follow-up Complaint | | | 0 Pro | | | | | Cor | nsultation/Other | | | |
| Risi | Cat | egon | , | | O1))(2 O3 | | | 04 | | | | Fo | ilow- | up Required O Yes 👯 No Number of | Seats | 39 | · |
| | | R | | | ors are food preparation practices and employee b ontributing factors in foodborne illness outbreaks. | | | | | | | | | to the Centers for Disease Control and Preve | | | |
| | | | | | FOODBORNE ILLNESS RISI | K 7/ | ACTO | ORS . | AND | PU | BLIC | HEA | LTH | INTERVENTIONS | | | |
| | in e | nii) mpii | | | ted compliance status (IK, OUT, KA, KO) for each numbered item. OUT=not in compliance NA=not applicable NO=not observed | | ite ma | | | | | | | ach them as applicable. Deduct points for category or subca spection R*repeat (violation of the same code provi | |) | |
| | -in ci | ипри | ance | | | | R | | Ĩ | recie | u on-s | ne que | ng int | Compliance Status | | R | WT |
| | IN | ουτ | NA | NO | Supervision | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/Temperature | | | |
| 1 | 0 | ٥ | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | | 0 | 0 | 0 | 0 | Control For Safety (TCS) Foods Proper cooking time and temperatures | 0 | 0 | 5 |
| 2 | | OUT O | NA | | Employee Health Management and food employee awareness; reporting | 0 | | | 17 | 0 | 0 | 0 | 0 | Proper reheating procedures for hot holding | 0 | 0 | <u> </u> |
| 3 | ŏ | ŏ | | | | ō | ŏ | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| | | ουτ | NA | NO | Good Hygienic Practices | | | | 18 | _ | 0 | | 0 | Proper cooling time and temperature | | 0 | |
| | 0 | 0 | | | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 19 | | 0 | | 0 | Proper hot holding temperatures | 0 | 0 | |
| 5 | | O | NA | | No discharge from eyes, nose, and mouth Preventing Contamination by Hands | 0 | 0 | _ | 20 21 | | 00 | | 0 | Proper cold holding temperatures Proper date marking and disposition | 8 | 8 | 5 |
| 6 | 0 | 0 | | | | 0 | 0 | | 22 | | ō | ō | | Time as a public health control: procedures and records | ō | ō | |
| 7 | 0 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | " | | - | - | | | <u> </u> | <u> </u> | |
| 8 | 0 | 0 | | | alternate procedures followed Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | | | _ | NA | NO | Consumer Advisory Consumer advisory provided for raw and undercooked | - | | _ |
| | IN | OUT | NA | NO | Approved Source | | | _ | 23 | 0 | 0 | 0 | | food | 0 | 0 | 4 |
| 9 | 0 | 0 | ~ | | | 0 | | - 1 | | IN | OUT | NA | NO | Highly Susceptible Populations | | _ | |
| 10 11 | | 8 | 0 | | | 00 | 8 | 5 | 24 | 0 | 0 | 0 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 12 | ō | ō | 0 | | Required records available: shell stock tags, parasite | 0 | ō | | | IN | OUT | NA | NO | Chemicals | | | |
| H | IN | OUT | NA | NO | Protection from Contamination | | | - | 25 | 0 | 0 | 0 | _ | Food additives: approved and properly used | 0 | 0 | |
| | | 0 | | | | | 0 | 4 | 26 | 0 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 5 |
| 14 | 0 | 0 | 0 | | | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 15 | 0 | ٥ | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | 0 | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |
| | | | | Goo | d Retail Practices are preventive measures to con | itrol | the | intre | oduc | tion | ofp | atho | oens | , chemicals, and physical objects into foods. | | | |
| | | | | | | | D RI | | | | _ | | | | | | |
| | | | | 00 | T=not in compliance COS=correct | led or | 1-6ite (| Suring | | | IVE | - | | R-repeat (violation of the same code provision) | | | |
| | _ | | | | | COS | R | WT | | _ | | | | Compliance Status | COS | R | WT |
| 2 | _ | OUT | Dect | | Safe Food and Water deggs used where required | 0 | | | | | UT | | | Utensils and Equipment | | | |
| | _ | | | | ice from approved source | ö | 8 | 2 | 4 | 5 (| | | | infood-contact surfaces cleanable, properly designed, and used | 0 | 0 | 1 |
| 3 | - | 0 | Varia | | obtained for specialized processing methods | Õ | Ō | 1 | 4 | 6 (| | | | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| | _ | ουτ | _ | | Food Temperature Control | _ | | - | 4 | | - | | | ntact surfaces clean | _ | | 1 |
| 3 | 1 | | contr | | oling methods used; adequate equipment for temperature | 0 | 0 | 2 | H | | UT | 01100 | | Physical Facilities | 0 | 0 | - |
| | 32 O Plant food properly cooked for hot holding C | | | | 0 | 1 | 4 | _ | | | | f water available; adequate pressure | | 0 | 2 | | |
| 33 O Approved thawing methods used | | | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices | 0 | 0 | 2 | | | |
| 3 | _ | 0 001 | Then | mome | eters provided and accurate Food Identification | 0 | 0 | 1 | 5 | _ | - | | | waste water properly disposed s: properly constructed, supplied, cleaned | 0 | 0 | 2 |
| 3 | _ | | Food | prop | | 0 | 0 | 1 | 5 | _ | | | _ | use properly disposed; facilities maintained | 0 | 0 | 1 |
| H | | OUT | | 1.04 | Prevention of Feed Contamination | - | - | - | 5 | | - | - | | lities installed, maintained, and clean | 0 | 0 | 1 |
| 3 | _ | - | Insec | ts, ro | | 0 | 0 | 2 | 5 | - | - | | | intilation and lighting; designated areas used | 0 | 0 | 1 |

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|----|--|---|---|---|---|----|-----|---|-----|----|----|
| 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 | | | out | Administrative Items | | | |
| - | Personal cleanliness | 0 | 0 | 1 | 1 | 55 | 0 | Current permit posted | 0 | 0 | |
| 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 | 1 | 56 | 0 | Most recent inspection posted | 0 | 0 | Ľ |
| 0 | Washing fruits and vegetables | 0 | 0 | 1 | 1 | | | Compliance Status | YES | NO | WT |
| UT | Proper Use of Utensils | | | | 1 | | | Non-Smokers Protection Act | | | |
| 0 | In-use utensils; properly stored | 0 | 0 | 1 | 1 | 57 | | Compliance with TN Non-Smoker Protection Act | XI | 0 | |
| 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 | 1 | 58 | 1 | Tobacco products offered for sale | 0 | 0 | 0 |
| 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 | 1 | 59 | 1 | If tobacco products are sold, NSPA survey completed | 0 | 0 | |
| 0 | Gloves used properly | 0 | 0 | 1 | 1 | | | | | | _ |
| _ | | | | | | | | | | | |
| | mect 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 lishment 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 | | | | | | | | | | |

food failure to c iervice esta nner 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 requirer. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ist with the Cr in ten (10) d ate of this

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| n | 04/17/2024 | $\lambda \sim$ | 04/17/2024 |
|-------------------------------|---|---|------------|
| Signature of Person In Charge | Date | Signature of Environmental Health Specialist | Date |
| | **** Additional food safety information can be found on our | website, http://tn.gov/health/article/eh-foodservice **** | |

| PH-2267 (Rev. 6-15) | Free food safety training cl | asses are available each mon | th at the county health department. | RDA 629 |
|---------------------|------------------------------|------------------------------|-------------------------------------|---------|
| | Please call (|) 6153405620 | to sign-up for a class. | 101.023 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: LOU Establishment Number #: 605259893

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 Maohine Name Sanitizer Type PPM Temperature (Fahrenheit)

| Equipment Temperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | | |
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| Description | State of Food | Temperature (Fahrenheit |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: LOU Establishment Number: 605259893

Comments/Other Observations

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.

Establishment Information

Establishment Name: LOU

Establishment Number: 605259893

Comments/Other Observations (cont'd)

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

Establishment Information

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| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments

Complaint: establishment said to be serving raw cow's milk.

Answer: PIC of menu states this is a cheese purchased from approved source (the Bloomy Rind). Attached is a picture of invoice with item on it.

Discussed prohibition of serving raw animal milk to public with owner.