TENNESSEE DEPARTMENT OF HEALTH

AND A					FOOD SERVICE ESTA	BL	ISH	ME	ENT	r 11	NS	PEC	TI	ON REPORT	CORE	=	
Establishment Name			Sorelles Auxiliary Bar								El Dermanent O Mobile	7	()			
Address					161 N Main St O Temporary O Seasonal										」		
City					Eagleville Time in	02	2:2	6 F	M	A	M/P	M Ti	me o	ut 02:40; PM AM/PM			
Inspe	ction	n Da	te		02/21/2024 Establishment # 605323835					_							
Purpo					Routine O Follow-up O Complaint			- O Pre			-) Co	nsultation/Other			
Risk					¥1 02 03			04				Fo	ollow-	up Required O Yes 質 No Number	of Seats	0	
		-	ak F		ors are food preparation practices and employee b contributing factors in foodborne illness outbreaks							y repo	orte	d to the Centers for Disease Control and Prev	rention		
					FOODBORNE ILLNESS RIS												
				algnat	ted compliance status (IN, OUT, NA, NO) for each numbered item.	For		mark	M 00	л, т	ark C	OS or R	for e	each item as applicable. Deduct points for category or sub		r.)	
IN=	in ca	mplie	nce		OUT=not in compliance NA=not applicable NO=not observed Compliance Status	-	R		\$=co	recte	d on-t	site duri	ing int	spection R=repeat (violation of the same code pr Compliance Status		\$ R	WT
1	IN C	τυς	NA	NO	Supervision					IN	ουι	NA	NO	Cooking and Roheating of Time/Temperature Control For Safety (TCS) Foods			
		0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5		0	0			Proper cooking time and temperatures	0	8	5
2			NA	NO	Employee Health Management and food employee awareness, reporting	0	o	_	17	0	0	X	0	Proper reheating procedures for hot holding Ceoling and Holding, Date Marking, and Time	_	0	Ľ
	_	0			Proper use of restriction and exclusion	0	0	5		IN	ou	NA	NO	a Public Health Control	"		
			NA		Good Hygienic Practices	~				0	0	1	_	Proper cooling time and temperature	0	8	
5 (0			24	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	8	0	5	20	0)33	0			Proper hot holding temperatures Proper cold holding temperatures	0	0	1.1
		끼	NA		Preventing Contamination by Hands Hands clean and properly washed	0	0			0				Proper date marking and disposition	0	-	ĨĬ
-	_	ō	0		No bare hand contact with ready-to-eat foods or approved	0	ō	5	22	-	0	NA NA		Time as a public health control: procedures and record	5 0	0	
8 2	K	0	_		alternate procedures followed Handwashing sinks property supplied and accessible	0	0	2	23	_	001	_	NO	Consumer advisory provided for raw and undercooked	0	0	4
9 2	_	이	NA	NO	Approved Source Food obtained from approved source	0	ο	_		IN	001		NO	food Highly Susceptible Populations	Ť	1.	
10 0	0	0	0	×	Food received at proper temperature		0	5	24	0	0	-		Pasteurized foods used; prohibited foods not offered	0	0	5
11 2	_	8	X	0	Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite	0	0 0	Ĩ		IN	out	-	NO	Chemicals	+		
h	IN C	DUT	NA	NO	Protection from Contamination	-		_	25	0	0	X		Food additives: approved and properly used	0	0	5
13 (14)		8	<u>©</u>		Food separated and protected Food-contact surfaces: cleaned and sanitized	0	0	4	26	<u>実</u> IN	0	_		Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	°	1°
	_	0	_		Proper disposition of unsafe food, returned food not re-	0	0	2	27	0	0	8		Compliance with variance, specialized process, and	0	0	5
L	~	-			served	-	-	-	<u> </u>	-	-	~		HACCP plan		1.	-
				Goo	d Retail Practices are preventive measures to con	ntro	the	intro	oduc	tion	of	patho	gen	s, chemicals, and physical objects into foods			
				011	T=not in compliance COS=correc			ч г .Ч				8		R-repeat (violation of the same code provisio			
	_	_		00	Compliance Status		R		Ē					Compliance Status		S R	WΤ
28	_	O O	Paste	eurize	Safe Food and Water ad eggs used where required	0	0	1	4		O F	ood ar	nd no	Utensils and Equipment profood-contact surfaces cleanable, properly designed,		La	
29 30					lice from approved source obtained for specialized processing methods	0	0	Ż	\vdash	-	-			and used	0	0	1
		DUT			Food Temperature Control	-		<u> </u>	4		_			g facilities, installed, maintained, used, test strips	0	0	1
31		•	Prop		oling methods used; adequate equipment for temperature	ο	0	2	4	_	1 О Т	Nontoo	d-cor	ntact surfaces clean Physical Facilities	0	0	1
32	_				properly cooked for hot holding	0		_						f water available; adequate pressure		0	2
33	_				thawing methods used eters provided and accurate	00	0	1	4	_				stalled; proper backflow devices	0	8	2
	OUT Feed Identification					-	_	_			es: properly constructed, supplied, cleaned	0	_	1			
35		_	Food	l prop	erly labeled; original container; required records available	0	0	1	5		-	-		use properly disposed; facilities maintained	0	0	1
36	-	ठ	Insec	ts m	Prevention of Food Contamination dents, and animals not present	0	0	2	5	_	-			ilities installed, maintained, and clean entilation and lighting; designated areas used	0	0	1
37	+	-	_			0	+	1	F	-	UT UT				Ť	10	<u> </u>
37	_	_			ation prevented during food preparation, storage & display leanliness	0	0		5		_	Current	1 DOCT	Administrative items			
38		Ó	Wipir	ng clo	ths; properly used and stored	0	0	1						nit posted inspection posted		0	
40	40 O Washing			hing f	ruits and vegetables Proper Use of Utensils	0	0	1	F					Compliance Status Non-Smokers Protection Act	YES	S NO	WT
					nsils; properly stored		2	1	5	57 Compliance with TN Non-Smoker Protection Act				10			
42		0	Singl	e-use	upipment and linens; properly stored, dried, handled single-service articles; properly stored, used		0	1	5	9				oducts offered for sale roducts are sold, NSPA survey completed		00	°
		OT	C2 44.4	OWNER AND	ed procedu	0	0	1									

ns within ten (10) days may result in suspension of your food service establish constituting imminent health hazards shall be corrected immediately or operation operations and the statement of the service statement of t ated violation of an identical risk factor may result in revocation of your foo u are required to post the food service establishment permit in a conspicuou ations of risk factor ite d as o ost recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this re 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. missioner within ten (10) days of the date of thi er and post the m h the C T.C.A

Signature of Person In Charge

02/21/2024

Date	Signature
E-Bive	orginatione

02/21/2024

Date

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

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tal Health St

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA (
1192201 (Nev. 0-10)	Please call () 6158987889	to sign-up for a class.	HDH 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Sorelles Auxiliary Bar Establishment Number # 605323835

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.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
Dish machine	CI	100							

Equipment l'emperature	
Description	Temperature (Fahrenheit)
Rics	40

Food Temperature							
Description	State of Food	Temperature (Fahrenheit)					
No tcs							

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Comments/Other Observations

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

2: Pic aware

3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

4:

- 5: (N.O.) No food workers present at the time of inspection.
- 6: Bar not in use, no employees discussed proper hand washing with pic
- 7: (NO) No food workers present during the inspection bar is properly supplied
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See source

- 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: No raw animal products
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No tcs
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: No tcs all equipment is adequate
- 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.

***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: Sorelles Auxiliary Bar Establishment Number: 605323835

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Sorelles Auxiliary Bar

Establishment Number # 605323835

Sources				
Source Type:	Food	Source:	N.o surve	
Source Type:	Water	Source:	Eagleville city	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments