



TENNESSEE DEPARTMENT OF HEALTH  
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name Outback Steakhouse Bar #4320 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 1968 Old Fort Parkway ☐ Temporary ☐ Seasonal  
City Murfreesboro Time in 12:39 PM AM / PM Time out 12:54 PM AM / PM  
Inspection Date 03/28/2024 Establishment # 605112801 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 0

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)								
Compliance Status										COS			R		WT		Compliance Status										COS			R		WT	
	IN	OUT	NA	NO	Supervision											IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>		5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Employee Health										17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control														
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion					<input type="checkbox"/>	<input type="checkbox"/>			18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Good Hygienic Practices										19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use					<input type="checkbox"/>	<input type="checkbox"/>		5	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth					<input type="checkbox"/>	<input type="checkbox"/>			21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>								
	IN	OUT	NA	NO	Preventing Contamination by Hands										22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Consumer Advisory														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="checkbox"/>	<input type="checkbox"/>			23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>		4						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible					<input type="checkbox"/>	<input type="checkbox"/>		2		IN	OUT	NA	NO	Highly Susceptible Populations														
	IN	OUT	NA	NO	Approved Source										24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>		5					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Chemicals														
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature					<input type="checkbox"/>	<input type="checkbox"/>			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>		5						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>			26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>				IN	OUT	NA	NO	Conformance with Approved Procedures														
	IN	OUT	NA	NO	Protection from Contamination										27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>		5					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>		4																				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized					<input type="checkbox"/>	<input type="checkbox"/>		5																				
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served					<input type="checkbox"/>	<input type="checkbox"/>		2																				

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



<b>Establishment Information</b>	
Establishment Name:	Outback Steakhouse Bar #4320
Establishment Number #:	605112801

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
3 comp sink not set up	Qa		

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Ric	35

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>

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**Establishment Information**

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Establishment Number : 605112801

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Ehp available in hand book
- 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: Did not observe employee handwaahing, however did not observe task requiring prior hand washing
- 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 food source
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: Parasite destruction letter for salmon available
- 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 cooking observed during inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling observed during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No tcs foods holding during inspection
- 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: Menu compliant
- 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.

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

Establishment Number #:	605112801
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Source Type:	Food	Source:	Pfg
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

### ***Additional Comments***