### TENNESSEE DEPARTMENT OF HEALTH TARI IQUMENT INCREA

	-					FOOD SERV	ICE ESTA	BL	ISł	IM	EN	T II	NSI	PEC	TI	DN REPORT	SCO	RE		
R.		714	- Carl																7	
Esta	bisł	hmer	it Nar		Party Fowl	Murfreesboro L	LC					-				Farmer's Market Food Unit     Ø Permanent O Mobile	9			
Add	ress				127 SE Bro	oad St						Typ	pe of t	Establ	ishme	O Temporary O Seasonal				
City					Murfreesbo	pro	Time in	03	3:3	8 F	PM	A	M/P	мті	me o	at 04:08; PM AM / PM				
		on Da	tte		03/26/20	24 Establishment #		_			Emb	_								
			spect		ORoutine	一 授 Follow-up	O Complaint				elimir		~ -		Co	nsuitation/Other				
		tegor			01	\$2C2	03			04		,				up Required O Yes 🕱 No	Number of Se	nats	12	7
			isk I		ors are food pr	eparation practices	and employee							y rep	ortec	to the Centers for Disease Control	and Prevent	ion	_	
				<b>as</b> c	ontributing fac											control measures to prevent illness INTERVENTIONS	or injury.			
		(14	urik de	elgnel	ed compliance sta											ach item an applicable. Deduct points for categ	ory or subcated	191 <b>7</b> .)		
IN	•in c	ompii	ance			nce NA=not applicable	NO=not observe		R	CC WT	°S=∞ 	rrecte	d on-s	site dur	ing ins	pection R=repeat (violation of the san Compliance Status			R	WT
	IN	OUT	NA	NO		Supervision				_		IN	OUT	NA	NO	Cooking and Reheating of Time/Tem	perature	_	_	
1	黨	0			Person in charge performs duties	present, demonstrates k	nowledge, and	0	0	5		23	0	0	0	Control For Safety (TCS) Foo Proper cooking time and temperatures		8	0	
2			NA	NO	Management and	Employee Health food employee awarene	ess: reporting	0	0		17	0	0	0	22	Proper reheating procedures for hot holding		0	0	•
_	×	0	1			triction and exclusion		0	0	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, an a Public Health Control	11 I I I I I I I I I I I I I I I I I I			
4	IN		NA			ood Hygionic Practice					18	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	0		Proper cooling time and temperature		<u> </u>		
	*	0			No discharge from	sting, drinking, or tobacco meyes, nose, and mouth	1	ŏ	00	5	20	25	0	0		Proper hot holding temperatures Proper cold holding temperatures		高区	0	5
6	IN X	OUT O	NA		Preven Hands clean and	ting Contamination b properly washed	y Hands	0	0			X		0		Proper date marking and disposition		26		Ť
7	×	ō	0	0	No bare hand co	ntact with ready-to-eat fo	ods or approved	ō	ō	5	22	0	0	×	-	Time as a public health control: procedures a	and records	٥	٥	
8					alternate procedu Handwashing sin	ires followed ks properly supplied and	accessible		0	2	23	IN X	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and une	Sercooked	0	0	-
8 9	IN 宣	OUT	NA	NO	Food obtained fro	Approved Source mapproved source		0	0		Ē	IN	OUT		NO	food Highly Susceptible Population		-	-	_
10	0	0	0	×	Food received at	proper temperature		0	0	5	24	-	0	88		Pasteurized foods used; prohibited foods not		0	0	5
11 12	0	0	X	0		dition, safe, and unadult available: shell stock ta		0	0	°		IN	OUT	_	NO	Chemicals		-	- 1	-
				-	destruction Prot	ction from Contamin	ation	-		_	25	0		20		Food additives: approved and properly used		0	তা	
13	2	OUT O	0		Food separated a				0		26	嵐	0		·	Toxic substances properly identified, stored,		0		5
14 15	<u>×</u>	0	0			faces: cleaned and sanit n of unsafe food, returne		0	0	5		IN	OUT	_	NO	Conformance with Approved Prec Compliance with variance, specialized proce				-
15	2	0			served			0	0	2	27	0	0	黨		HACCP plan		0	٥	5
				Goo	d Retail Pract	ices are preventive	measures to co	ntro	l the	intr	oduc	tion	of p	atho	geni	, chemicals, and physical objects in	to foods.			
				00	T=not in compliance		COS=corre							5		R-repeat (violation of the same co	de provision')			
		0.117	_		Con	pliance Status		COS	R	WT	ĨÈ					Compliance Status		cos	R	WT
2	_	OUT		eurize	Sate d eggs used whe	Food and Water		0	0	1	4		NUT O	ood a	nd no	Utensils and Equipment nfood-contact surfaces cleanable, properly de	esigned,			1
2	9 0	0	Wate	er and	lice from approve		fe		0	2		+	•	onstru	icted,	and used		•	0	1
Ĕ	-	OUT				emperature Control	~			_	4	_	_			g facilities, installed, maintained, used, test st	rips	0	0	1
3	1	×	Prop		oling methods use	d; adequate equipment f	or temperature	0	0	2	4	_	O N TUX	Vonfoo	d-cor	tact surfaces clean Physical Facilities		0	0	1
3	_		Plant	food	properly cooked f				0	1	4	8	0 1			water available; adequate pressure		0		2
3	3	0			thawing methods eters provided and			0	00	1	4		_			talled; proper backflow devices waste water properly disposed			0	2
Ľ	_	OUT				d identification		Ŭ			5					s: properly constructed, supplied, cleaned			ŏ	1
3	5	0	Food	i prop	erly labeled; origin	al container; required re	cords available	0	0	1	5	2	•  •	Sarbaç	e/ref	use properly disposed; facilities maintained		0	0	1
	_	OUT				of Food Contamination	on				5	_	_			lities installed, maintained, and clean			0	1
3	-	0	-	ts, ro	dents, and anima	is not present		0	0	2	5	-	-	Adequa	ste ve	ntilation and lighting; designated areas used		0	0	1
3	_	×	_			ring food preparation, st	orage & display	0	0	1			TUK			Administrative Items			<i>.</i> .	
3	8 9	-			leanliness ths; properly used	and stored		0	0	1						nit posted inspection posted		0	읭	0
Ě	0	0	Was		ruits and vegetabl	es.			ŏ	1	Ľ	_	- 14			Compliance Status				WT
4	_	OUT	_	e ute	Properly sto	or Use of Utensils		0	0	1	5	7	-	Somoli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act		XI	01	
4	2	0	Uten	sils, e	quipment and line	ins; properly stored, dried		0	0	1	5	8	T	obacc	o pro	ducts offered for sale		0	0	0
	3 4	0	Singl	e-use		ticles; properly stored, us			8		5	9	I	tobac	co pr	oducts are sold, NSPA survey completed		0	0	
						items within ten (10) dama	nav rasult in success			_	and a		abilitie	ment c	e consta	Repeated violation of an identical side faster over	result in resource	elon -	al une	r food
	allure 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																			

pection report in a conspicuous manner. You have the right to request a hearing regarding this re -14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. er within ten (10) days of the date of thi •

T 1 Signature of Person In C

03/26/20	)24	
	Date	5

ĸИ for Signatu lealt 03/26/2024

Date

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

Free food safety training classes are available each month at the county health department. Please call ( ) 6158987889 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629 to sign-up for a class.

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



#### Establishment Information

Establishment Name: Party Fowl Murfreesboro LLC Establishment Number #: 605253573

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 wenty-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.	
Sarage 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)

Description	State of Food	Temperature ( Fahrenheit

Observed Violations	
iotal # 2	
total # 2 Repeated # 0	
1:	
7:	

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#### Establishment Information

Establishment Name: Party Fowl Murfreesboro LLC Establishment Number: 605253573

omments/Other Observations		

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: Party Fowl Murfreesboro LLC Establishment Number : 605253573

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

## Additional Comments