TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| Contra State | | | ALC: N | | | FOOD SE | RVICE ESTA | BL | ISH | IMI | ENT | r 11 | NSF | PEC | TI | ON REPORT | SCO | RE | | |
|-----------------|------------|---------|----------------|-------------|---|--|---|--------------|--------------|--------------|--------------|-------------|----------------|---------|---------------|--|--------------------|----------|---------|------|
| A. | | E F | T. C. | | | | | | | | | | | | | | 1 (| | ſ | |
| Esta | blish | imen | t Nar | | Miss Wanda's Gdch Type of Establishment O Mobile | | | | | | | | | | | | | | | |
| Add | ress | | | | 1915 Shelby Ave. O Temporary O Seasonal | | | | | | | | | | | / | | | | |
| City | | | | | Nashville Time in 12:00 PM AM / PM Time out 12:20; PM AM / PM | | | | | | | | | | | | | | | |
| Inspection Date | | | rte | | 04/09/2024 Establishment # 605160341 Embargoed 0 | | | | | | | | | | | | | | | |
| Puη | ose | of In | spect | | | | | | | | | | | | | | | | | |
| Risi | Cat | _ | | | 01 | \$122 | 03 | | | O 4 | | | | | | up Required O Yes 🕱 No | Number of S | eats | 15 | |
| | | R | isk I | act as c | ors are food pre ontributing fac | paration practi tors in foodborn | ces and employee le illness outbreak | behs s. P | vior ubli | s mo c He | st c ilth | omn Inte | nonly rvent | repo | are | to the Centers for Disease Cont control measures to prevent illn | rol and Prevent | tion | | |
| | | | | | ad an an international state | | ORNE ILLNESS RI | | | | | | | | | INTERVENTIONS ach liom as applicable. Deduct points for | | | | |
| IN | =in ca | | | 1911 | OUT=not in complian | nce NA=not applic | | | 101.1 | | | | | | | spection R*repeat (violation of th | | | | |
| | IN | оит | NA | NO | Com | pliance Status Supervision | | cos | R | WT | F | | | | | Compliance Status Cooking and Reheating of Time/ | | cos | R | WT |
| 1 | 111 121 | 0 | nun. | no | Person in charge p | | tes knowledge, and | 0 | 0 | 5 | | IN | | | NO | Control For Safety (TCS) | | | | |
| | IN | OUT | NA | NO | performs duties | Employee Heal | | | | | | 0 | 0 | | | Proper cooking time and temperatures Proper reheating procedures for hot hok | ling | 0 | 8 | 5 |
| | X | 0 | | | | food employee awa riction and exclusio | | 0 | 0 | 5 | | IN | оит | NA | NO | Cooling and Holding, Date Marking a Public Health Contr | | | | |
| Ĥ | | _ | NA | NO | , | od Hygienic Prac | | Ť | 0 | | 18 | 0 | 0 | 0 | X | Proper cooling time and temperature | | 0 | 0 | _ |
| 4 | 邕 | 0 | | | | ting, drinking, or tob eyes, nose, and m | | 8 | 0 | 5 | | 0)33 | | | * | Proper hot holding temperatures Proper cold holding temperatures | | | 8 | |
| | | | NA | NO | | ing Contaminatio | | 0 | | | 21 | 1 | 0 | 0 | | Proper date marking and disposition | | 0 | 0 | 9 |
| 7 | × | ō | 0 | 0 | | tact with ready-to-e | at foods or approved | ō | 0 | 5 | 22 | O | O TUO | X | O NO | Time as a public health control: procedu Consumer Advisory | res and records | 0 | 0 | |
| 8 | X | <u></u> | NA | NO | | s properly supplied Approved Source | | 0 | 0 | 2 | 23 | 0 | 0 | 12 | | Consumer advisory provided for raw and food | d undercooked | 0 | 0 | 4 |
| 9 | 嵐 | 0 | _ | | | m approved source | | | 0 | | | IN | OUT | NA | NO | Highly Susceptible Popula | rtions | | | |
| 10 11 | 0 × | 8 | 0 | 24 | Food in good cond | proper temperature ation, safe, and una | | 0 | 00 | 5 | 24 | 0 | 0 | 82 | | Pasteurized foods used; prohibited food | s not offered | 0 | ٥ | 5 |
| 12 | | 0 | × | 0 | destruction | available: shell stop | | 0 | 0 | | | IN | | NA | | Chemicais | | | | |
| 13 | 12 | 0 | NA | NO | Food separated an | ction from Conta nd protected | mination | 0 | 0 | 4 | 25 26 | 0 実 | 0 | X | J | Food additives: approved and properly u Toxic substances properly identified, sto | | 0 | 0 | 5 |
| | _ | | 0 | | | oces: cleaned and s of unsafe food, ret | | 0 | 0 | 5 | | IN | | NA | NO | Conformance with Approved F Compliance with variance, specialized p | | | | |
| 15 | 2 | 0 | | | served | | | 0 | 0 | 2 | 27 | 0 | 0 | 黨 | | HACCP plan | | 0 | 0 | 5 |
| | | | | Goo | d Retail Practic | ces are prevent | ive measures to co | | | | | | | | geni | s, chemicals, and physical object | s into foods. | | | |
| | | | | 00 | T=not in compliance | | COS=come | icted o | n-site | during | | | 1CE | 3 | | R-repeat (violation of the san | ne code provision) | | | |
| | | OUT | | | | pliance Status Food and Water | | COS | R | WT | F | 0 | UT | | | Compliance Status Utensils and Equipment | | COS | R | WT |
| 2 | | | | | d eggs used where lice from approved | | | 8 | 00 | 1 | 4 | 5 (| | | | infood-contact surfaces cleanable, proper and used | 1y designed, | 0 | 0 | 1 |
| | 0 | | Varia | | obtained for special | ized processing me mperature Contr | | ŏ | ŏ | î | 4 | 6 (| - | | | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 3 | _ | 0 | Ртор | | | | ent for temperature | 0 | 0 | 2 | 4 | _ | - | lonfoo | d-cor | ntact surfaces clean | | 0 | 0 | 1 |
| 3 | 2 | | contr Plant | | properly cooked fo | r hot holding | | 0 | 0 | 1 | 4 | 8 (| | | | Physical Facilities I water available; adequate pressure | | | 0 | 2 |
| | 3 4 | | | | thawing methods u eters provided and | | | 8 | 00 | 1 | 4 | | | | | stalled; proper backflow devices I waste water properly disposed | | | 0 | 2 |
| | - | OUT | | | | didentification | | | - | _ | 5 | 1 | - | | | es: properly constructed, supplied, cleane | d | | 0 | 1 |
| 3 | - | | Food | i prop | | | d records available | 0 | 0 | 1 | 5 | | - | - | · | use properly disposed; facilities maintaine | id | 0 | 0 | 1 |
| 3 | - | OUT | Insec | ts, ro | dents, and animals | of Food Contamin | nation | 0 | 0 | 2 | 5 | | - | | | ilities installed, maintained, and clean entilation and lighting; designated areas u | sed | - | 0 | 1 |
| 3 | 7 | - | | | | | n, storage & display | 0 | 0 | 1 | | 0 | UT | | | Administrative Items | | - | - | |
| 3 | - | - | - | | leanliness | | | 0 | 0 | 1 | 5 | | o 0 | urrent | t pern | nit posted | | 0 | 0 | 0 |
| 3 | 9 | | | | ths; properly used ruits and vegetable | | | 8 | 00 | | 5 | 6 (| <u>o</u> [M | lost re | cent | inspection posted Compliance Status | | O YES | 0 NO | WT |
| -4 | _ | OUT | | e ute | Proper nsils; properly store | r Use of Utensils | 1 | 0 | 0 | 1 | 5 | 7 | -0 | ompli | ance | Non-Smokers Protection with TN Non-Smoker Protection Act | Act | x | 01 | |
| | 2 | 0 | Uten | sils, e | quipment and liner | ns; properly stored, cles; properly store | dried, handled d. used | 0 | | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale roducts are sold, NSPA survey completed | | 0 | 0 | 0 |
| | 4 | | | | ed properly | crea, property stole | w, warshi | | ŏ | | Ľ | ~ | П | 20000 | -o pr | survey are using that A burrey completed | | - | - | |
| | | | | | | | | | | | | | | | | Repeated violation of an identical risk factor e. You are required to post the food service (| | | | |
| man | ner ar | nd po | st the | most | recent inspection rep | ort in a conspicuous | | the to r | eques | | | | | | | filing a written request with the Commissioner | | | | |
| \mathcal{D} | H | Ł | \mathcal{D} | xa | alour | ber (| 04/0 |)9/2 | 2024 | 4 | | V | <i>X</i> | | \mathcal{A} | TH | 0 |)4/0 | 9/2 | 2024 |
| Sig | | | | | Charge | / | | | 1 | Date | Si | gnatu | ire of | Envir | onme | ental Health Specialist | | | | Date |
| | | | | | | * Additional food : | safety information car | be fo | ound | on ou | r wet | site | http: | .//tn.e | iow/h | ealth/article/eh-foodservice **** | | | | |

| PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. RDA | | | | | |
|---|---------------------|--|--|--|---------|
| Please call () 0153405620 to sign-up for a class. | PH-2267 (Rev. 6-15) | Free food safety training cla Please call (| isses are available each mon) 6153405620 | th at the county health department. to sign-up for a class. | RDA 629 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Miss Wanda's Gdch Establishment Number #: [605160341

| VSPA 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. | |
| ge-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. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | | |
|------------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| 3 comp sink(Not setup) | Chlorine | | | | | | | | |

| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Reach in cooler | 36 |
| Reaxh in freezer | 0 |
| | |
| | |

| Food Temperature | | |
|-------------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Milk in reach in cooler | Cold Holding | 38 |
| | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Miss Wanda's Gdch

Establishment Number : 605160341

Comments/Other Observations

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

2: EHP available

- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee drinking from an approved container which is stored properly.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed

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: Check source information

- 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: (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: Not applicable
- 17: (NO) No TCS foods reheated during inspection.
- 18: Not observed
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Check temperature log
- 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: (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: Miss Wanda's Gdch

Establishment Number : 605160341

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Miss Wanda's Gdch

Establishment Number # 605160341

| Sources | | | | |
|--------------|------|---------|--------------|--|
| Source Type: | Food | Source: | Kroger, aldi | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments