

Establishment Name

Inspection Date

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

O Yes 疑 No

SCORE

608 McGavock Pike Address

The Aloft Kitchen

Nashville Time in 10:15 AM AM / PM Time out 10:30: AM AM / PM

11/06/2023 Establishment # 605315492

Embargoed 0

Follow-up Required

∰ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

О3

Number of Seats 75

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, HO) for

| 10 | ∳in c | compli | ance | | OUT=not in compliance NA=not applicable NO=not observ | | | | 5= | correc | ted on-s | ite dur | ing ins | spection R=repeat (vic |
|----|-------|--------|------|-----|-----------------------------------------------------------------------|-----|---|-------|------------------------|--------|-------------------------------|---------|---------|--------------------------------|
| | | | | | Compliance Status | COS | R | WT | | | | | | Compliance Statu |
| | IN | OUT | NA | NO | Supervision | | | | Г | 10 | OUT | NA | NO | Cooking and Reheating |
| _ | 0-2 | _ | | _ | Person in charge present, demonstrates knowledge, and | _ | | _ | -1 | - 1 " | . | 100 | | Control For Safet |
| וי | 氮 | 0 | | | performs duties | 0 | 0 | 9 | Ŀ | 16 C | | 寒 | 0 | Proper cooking time and temp |
| | IN | OUT | NA | NO | Employee Health | | | | • | 17 C | 0 | 0 | 200 | Proper reheating procedures f |
| 2 | DK. | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | Г | Τ., | | | | Cooling and Holding, Date |
| 3 | 寒 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | * | - | 11 | OUT | NA | NO | a Public Hea |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | ŀ | 18 C | 0 | 0 | × | Proper cooling time and temps |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | • | 19 C | 0 | 0 | 寒 | Proper hot holding temperature |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° l | E | 20 24 | 0 | 0 | | Proper cold holding temperatu |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 21 🐹 O O O Proper date | | Proper date marking and dispo | | | |
| 6 | 凝 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | Į, | 22 C | 0 | × | 0 | Time as a public health contro |
| 7 | 800 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | Ľ | | 1 | | _ | |
| _ | ~ | | _ | | alternate procedures followed | | | Щ | L | - 11 | OUT | NA | NO | Consumer |
| 8 | 黑 | 0 | 51.5 | LIA | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | - I: | 23 C | οlo | 38 | | Consumer advisory provided f |
| Ţ | | OUT | NA | NO | | - | | - | н | | | 1.1 | | food |
| 9 | 200 | 0 | _ | | Food obtained from approved source | 0 | 0 | lΙ | Щ | 11 | OUT | NA | NO | Highly Susceptib |
| 10 | 0 | 0 | 0 | 2% | Food received at proper temperature | 0 | 0 | 5 | - Is | 24 C | o lo | 320 | | Pasteurized foods used; prohil |
| 11 | × | 0 | | _ | Food in good condition, safe, and unadulterated | 0 | 0 | l° l | Į. | _ | 1 | 0-0 | | |
| 12 | 0 | 0 | 333 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | -1 | 111 | OUT | NA | NO | Chemi |
| - | IN | OUT | NA | NO | Protection from Contamination | | _ | - | Н | 25 C | 0 | 38 | - | Food additives: approved and |
| 13 | 0 | 0 | | 110 | Food separated and protected | 0 | 0 | 4 | | 26 8 | | - | , | Toxic substances properly ide |
| 14 | × | _ | ō | | Food-contact surfaces: cleaned and sanitized | ŏ | ŏ | 5 | Н | II. | _ | NA | NO | Conformance with Ap |
| | | - | _ | J | Proper disposition of unsafe food, returned food not re- | - | - | ۲ | н | | - 1001 | - | | Compliance with variance, spo |
| 15 | 黑 | 0 | | | served | 0 | 0 | 2 | Ŀ | 27 C | 이 ^ | 異 | | HACCP plan |

| ш | Compliance Status | | | | | | R | WT |
|----|-------------------|-----|-----|----|-----------------------------------------------------------------------------|---|---|-----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | × | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | X | Proper reheating procedures for hot holding | 0 | 0 | Ů |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | | 0 | 0 | 文 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 245 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | 333 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | | 3% | | Food additives: approved and properly used | 0 | 0 | - 5 |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | 冥 | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

Good Retail Practices are preventive m res to control the introduction of pathog s, chemicals, and physical objects into foods.

L PRACTICES

| | | | GOO | DR | 3/ . |
|----|-----|----------------------------------------------------------------------------|-----|----|-------------|
| | | OUT=not in compliance COS=com | | | |
| | | Compliance Status | cos | R | WT |
| | OUT | Caro i con amo i i mon | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | 2 |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 2 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container, required records available | 0 | 0 | 1 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 |
| 37 | 338 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | 1 |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 |

| | | Compliance Status | cos | K | W |
|----|-----|------------------------------------------------------------------------------------------|-----|----|---|
| | OUT | Utensils and Equipment | | | |
| 45 | 0 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | _ |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | Г |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | T | | |
| 55 | 0 | Current permit posted | 0 | 0 | Г |
| 56 | 0 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - X | 0 | Г |
| 58 | | Tobacco products offered for sale | 0 | 0 | |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

on report in a conspicuous manner. You have the right to request a hearing reg 06, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

11/06/2023

11/06/2023 Date

Signature of Person In Charge

Date

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice **** Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6153405620 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | | | |
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| Establishment Name: The Aloft Kitchen | | | | | | | | | | |
| Establishment Number #: 605315492 | | | | | | | | | | |
| | | | | | | | | | | |
| NSPA Survey - To be completed if | | | | | | | | | | |
| 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 n | not completely open. | | | | | | | | | |
| Tents or awnings with removable sides or vents | s in non-enclosed areas are | not completely removed | d or open. | | | | | | | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | | | | | | | |
| Smoking observed where smoking is prohibited | by the Act. | | | | | | | | | |
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| Warewashing Info | | | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fai | renhelt) | | | | | | |
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| Equipment Temperature | | | | | | | | | | |
| Description | | | Temperature (Fah | renhelt) | | | | | | |
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| Food Temperature | | 1-11 | 1 | | | | | | | |
| Description | | State of Food | Temperature (Fah | renheit) | | | | | | |
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| Observed Violations | |
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| Total # 1 | |
| Repeated # () | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Number: 605315492 | |
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| Comments/Other Observations | |
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| .: 2: 3: 4: 5: 5: | |
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| r. :- | |
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|). ,. | |
| Hand sinks stocked 1: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 00: 11: 12: 13: (NA) Establishment does not serve animal food that is raw or undercooked. 4: 15: 16: 17: 18: 19: 18: 19: 19: 19: 10: 10: 11: 11: 12: 13: 14: 15: 16: 16: 17: 17: 17: 17: 18: 18: 19: 19: 19: 19: 19: 19: 19: 19: 19: 19 | |
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| 7. | |
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| 9: | |
| ½O: | |
| 21: TCS food date marked | |
| 22: | |
| 23: (NA) Establishment does not serve animal food that is raw or undercooked. | |
| 24: | |
| 25: | |
| 26: | |
| 27: | |
| 57: 58: | |
| 58: | |
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| Additional | Comments |
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| Establishment Name: The Aloft Kitchen | | |
|----------------------------------------|--|--|
| Establishment Number: 605315492 | | |
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| Comments/Other Observations (cont'd) | | |
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| Additional Comments (cont'd) | | |
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Establishment Information

| Establishment Information | | | | | | | | |
|---------------------------------------|---------|--|--|--|--|--|--|--|
| Establishment Name: The Aloft Kitchen | | | | | | | | |
| Establishment Number # 605315492 | | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Additional Comments | | | | | | | | |
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