

Establishment Name

Inspection Date

Address

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

REPORT SCORE

100

BREWHOUSE 100 BAR

8098 HIGHWAY 100

Nashville

Time in 03:15 PM AM / PM Time out 03:20; PM AM / PM

03/27/2024 Establishment # 605257427 Embargoed 0

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

Risk Category 第1 O2 O3 O4 Follow-up Required O Yes 図 No Number of Seats O

usk ractors 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 (IM, OUT, MA, NO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

11	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		CC	S=cor	recte	d on-si	te di
匚					Compliance Status	cos	R	WT				
	IN	OUT	NA	NO	Supervision					IN	оит	NA
1	鼷	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	100
	IN	OUT	NA	NO	Employee Health		_		17	ŏ	ŏ	-8
2	- NC	0	-		Management and food employee awareness; reporting	0	0	$\neg$		Ť	Ť	_
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	N.A
	IN	OUT	NA	NO	Good Hygienic Practices				18	_	0	X
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	0	0	2
5	200	0		0	No discharge from eyes, nose, and mouth	0	0	l ° l	20	25	0	0
				Proventing Contamination by Hands				21	*	0	0	
6	滋	0		0	Hands clean and properly washed	0	0		22	0	0	M
7	級	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_	
		_			alternate procedures followed	_	_	Щ		IN	OUT	NA
8	250	0			Handwashing sinks properly supplied and accessible	0	0	2	23	0	اها	M
		OUT	NA	NO	Approved Source			-	-	_	-	
9	黨	_			Food obtained from approved source	0	0			IN	OUT	NA
10	0	0	0	28	Food received at proper temperature	0	0	١. ١	24	0	0	200
11	×	0			Food in good condition, safe, and unadulterated	0	0	5		_	Ŭ	(44)
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ОИТ	N.A
	IN	OUT	NA	NO	Protection from Contamination				25	0	0	
13	黛	0	0		Food separated and protected	0	0	4	26	2	0	
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	黨	0	Proper cooking time and temperatures	0	0	5
17	0	Ö	300	0	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	X	0	Proper cooling time and temperature	0	0	
19	0	0	文	0	Proper hot holding temperatures	0	0	
20	凝	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	00		
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	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	X		Food additives: approved and properly used	0	0	5
26	80	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

### Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

			GOO			
		OUT=not in compliance COS=corr				
		Compliance Status	cos	R	W	
	OUT					
28	0	Pasteurized eggs used where required	0	0	1	
29		Water and ice from approved source	0	0		
30	0	Variance obtained for specialized processing methods	0	0	١,	
	OUT	Food Temperature Control				
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:	
32	0	Plant food properly cooked for hot holding	0	0	Г	
33	0	Approved thawing methods used	0	0	1	
34	0	Thermometers provided and accurate	0	0	г	
	OUT Food Identification					
35	0	Food properly labeled; original container; required records available	0	0	•	
	OUT	Prevention of Feed Contamination				
36	0	Insects, rodents, and animals not present	0	0	:	
37	0	Contamination prevented during food preparation, storage & display	0	0	1	
38	0	Personal cleanliness	0	0	Г	
39	0	Wiping cloths; properly used and stored	0	0	_	
40	0	Washing fruits and vegetables	0	0	Г	
	OUT	Proper Use of Utensils				
41	0	In-use utensils; properly stored	0	0	г	
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	r	
44	0	Gloves used properly	0	0		

pecti		R-repeat (violation of the same code provision  Compliance Status	cos	R	W		
	OUT	Utensils and Equipment	_				
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0 0 1			
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1		
47	0	Nonfood-contact surfaces clean	0	0	1		
	OUT	Physical Facilities					
48	0	Hot and cold water available; adequate pressure	0	0	7		
49	0	Plumbing installed; proper backflow devices	0	0	- 2		
50	0	Sewage and waste water properly disposed	0	0	- 2		
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	-		
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1		
53	0	Physical facilities installed, maintained, and clean	0	0	-		
54	0	Adequate ventilation and lighting; designated areas used	0	0	•		
	OUT	Administrative Items					
55	題	Current permit posted	ि	0	Г		
56	0	Most recent inspection posted	0	0	`		
		Compliance Status	YES	NO	W		
	Non-Smokers Protection Act						
57		Compliance with TN Non-Smoker Protection Act	0	100			
58		Tobacco products offered for sale	0	0	١ (		
59		If tobacco products are sold, NSPA survey completed	0	0			

Failure 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 manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report is a conspicuous manner. You are request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report is a conspicuous manner. You are request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report.

03/27/2024

I ommy Cubanks

03/27/2024

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

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

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



Establishment Information									
Establishment Name: BREWHOUSE 100 BAR									
Establishment Number # 605257427									
MCDA Common To be commissed if	4F7 := #M=#								
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to ne	mons who are	_					
twenty-one (21) years of age or older.	rict access to its buildings or	lacilities at all times to pe	rsons who are						
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable form	of identification.						
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at every	entrance.	No					
Garage type doors in non-enclosed areas are n	ot completely open.								
Tents or awnings with removable sides or vents	s in non-enclosed areas are r	not completely removed or	r open.						
Smoke from non-enclosed areas is infiltrating in	ito areas where smoking is p	rohibited.							
Smoking observed where smoking is prohibited	by the Act.								
Warewashing Info	Acathan Tura	2011	Tomoroton ( 5	base bastis					
Machine Name	Sanitizer Type	PPM	Temperature ( Fa	inrenneit)					
			Į.						
5									
Equipment Temperature									
Description			Temperature (Fa	nrenneit)					
·									
Food Temperature			1						
Description		State of Food	Temperature (Fa	nrenneit)					
			I						

Observed Violations	
Total # 1 Repeated # 0	
Repeated # 0	
55:	
""See page at the end of this document for any violations that could not be displayed in this space.	

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

Establishment Information



Establishment Name: BREWHOUSE	100 BAR
Establishment Number: 60525742	7
Comments/Other Observations	
2·	
3:	
4:	
5:	
6:	
7:	
δ. a·	
10 <sup>.</sup>	
11:	
12:	
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15:	
14:	
15: 16:	
10. 17·	
18:	
19:	
20:	
17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27:	
22:	
23: 24:	
24. 25 <sup>.</sup>	
26:	
27:	
57: 3: 58:	
3:	
58:	
ľ	
***See page at the end of this document for	or any violations that could not be displayed in this space.
Additional Comments	

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: BREWHOUSE 100 BAR Establishment Number: 605257427					
Comments/Other Observ	ations (cont'd)				
Additional Comments (co	ont'd)				
See last page for a		ents			
oce iasi paye ivi ai	zaraonai comin	iciito.			

Establishment Information

Establishment Name: BREWHOUSE 100 BAR						
Establishment Number #: 605257427						
Sources						
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Additional Comments						

**Establishment Information**