



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**91**

Establishment Name Hilton Suites Main Kitchen Type of Establishment  Farmer's Market Food Unit  
 Permanent  Mobile  
Address 121 4th S. Ave.  
 Temporary  Seasonal  
City Nashville Time in 11:55 AM AM / PM Time out 12:10 PM AM / PM  
Inspection Date 10/28/2021 Establishment # 605143280 Embargoed 0  
Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
Risk Category  01  02  03  04 Follow-up Required  Yes  No Number of Seats 159

**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.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Supervision</b>							
1	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input checked="" type="radio"/>	<input type="radio"/>					5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input checked="" type="radio"/>	<input type="radio"/>					5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

  

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>							
16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
17	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>							
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				5
19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				5
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				5
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Consumer Advisory</b>							
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				4
<b>Highly Susceptible Populations</b>							
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
<b>Chemicals</b>							
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5
26	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				5
<b>Conformance with Approved Procedures</b>							
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>				5

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

### GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
<b>Safe Food and Water</b>							
28	<input type="radio"/>						1
29	<input type="radio"/>						2
30	<input type="radio"/>						1
<b>Food Temperature Control</b>							
31	<input type="radio"/>						2
32	<input type="radio"/>						1
33	<input type="radio"/>						1
34	<input type="radio"/>						1
<b>Food Identification</b>							
35	<input type="radio"/>						1
<b>Prevention of Food Contamination</b>							
36	<input checked="" type="radio"/>						2
37	<input type="radio"/>						1
38	<input type="radio"/>						1
39	<input type="radio"/>						1
40	<input type="radio"/>						1
<b>Proper Use of Utensils</b>							
41	<input type="radio"/>						1
42	<input type="radio"/>						1
43	<input type="radio"/>						1
44	<input type="radio"/>						1

  

Compliance Status					COS	R	WT
OUT							
<b>Utensils and Equipment</b>							
45	<input checked="" type="radio"/>						1
46	<input type="radio"/>						1
47	<input checked="" type="radio"/>						1
<b>Physical Facilities</b>							
48	<input type="radio"/>						2
49	<input checked="" type="radio"/>						2
50	<input checked="" type="radio"/>						2
51	<input type="radio"/>						1
52	<input type="radio"/>						1
53	<input checked="" type="radio"/>						1
54	<input type="radio"/>						1
<b>Administrative Items</b>							
55	<input type="radio"/>						0
56	<input type="radio"/>						0
<b>Compliance Status</b>							
<b>Non-Smokers Protection Act</b>							
57	<input checked="" type="radio"/>						0
58	<input type="radio"/>						0
59	<input type="radio"/>						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. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

*[Signature]* 10/28/2021 *[Signature]* 10/28/2021  
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: Hilton Suites Main Kitchen  
 Establishment Number #: 605143280

**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 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.	

**Warewashing Info**

Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)

**Equipment Temperature**

Description	Temperature ( Fahrenheit)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Sliced tomatoes in open top cooler	Cold Holding	41
Cut leafy greens in open top coolers	Cold Holding	43

**Observed Violations**

Total # 6

Repeated # 0

36:

45:

47:

49:

50:

53:



***Establishment Information***

Establishment Name: Hilton Suites Main Kitchen

Establishment Number : 605143280

***Comments/Other Observations***

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:
- 7:
- 8:
- 9:
- 10:
- 11:
- 12:
- 13:
- 14: Slicer properly cleaned. Staff has been trained.
- 15:
- 16:
- 17:
- 18:
- 19:
- 20: Temperatures recorded on report
- 21:
- 22:
- 23:
- 24:
- 25:
- 26: Chemical bottles properly labeled at time of follow up
- 27:
- 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: Hilton Suites Main Kitchen

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***Comments/Other Observations (cont'd)***

***Additional Comments (cont'd)***

***See last page for additional comments.***

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**Sources**

Source Type: Source:

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**Additional Comments**