# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

	in the second se		A.																	
Estat	vich	men	e Na	-	Club Hotel											Farmer's Market Food Unit     G Permanent O Mobile	9	$\succ$	K	
Addre					2435 Atrium	Way.					_	Тур	ce of l	Establi	shme	O Temporary O Seasonal			J	
City					Nashville		Time in	30	3:4	0 A	M	A	M/P	M Tr	me oi	ut 08:45; AM AM/PM				
Inspe	ctio	n De	te		04/14/202	3 Establishment #						_	d C							
Purpo					ORoutine	袋 Follow-up	O Complaint			- O Pr			-		Cor	nsultation/Other				
Risk	Cate	egor	y		01	882	03			04				Fo	low-	up Required O Yes 💢 No	Number of S	eats	50	
		R	isk													to the Centers for Disease Contr control measures to prevent illne	rol and Prevent			
						FOODBORN	E ILLNESS RIS	SK F	ACT	ors	AND	) PU	BLIC	HEA	LTH	INTERVENTIONS				
INei	n co		ance	englee		(IN, OUT, NA, NO) for ea	NO=not observe		ite ma							ach Item as applicable. Deduct points for o spection Rerepent (violation of the				
_	_		_			liance Status		cos	R		Ē	1				Compliance Status		cos	R	WT
-	-	OUT	NA	NO	Person in charge pr	Supervision esent, demonstrates kn	owledge, and	0		-		IN	ουτ	NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS) I				
	_	-	NA	NO	performs duties	Employee Health	• ·	0	0	5		0	8			Proper cooking time and temperatures Proper reheating procedures for hot hold	ing	0	읭	5
2 2		0			Management and fo Proper use of restric	od employee awarenes	s; reporting	0	o	5		IN	ол		NO	Cooling and Holding, Date Marking a Public Health Contro	, and Time as			
	N		NA	NO	Geo	d Hygionic Practicos				_		0	0	0		Proper cooling time and temperature	м	0	0	_
4 2	2	0		0		g, drinking, or tobacco or eyes, nose, and mouth	use	0	0	5		25	0	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	8	
		OUT O	NA	NO O	Preventin Hands clean and pre-	g Contamination by operly washed	Hands	0	0	_	21	_	0	0 ※		Proper date marking and disposition Time as a public health control: procedur	and months	0 0	0	Ť
7 8	ĸ	0	0	0	No bare hand conta alternate procedure	ct with ready-to-eat food s followed	ds or approved	0	0	5	-		-	NA	-	Consumer Advisory	es and records	•	<u> </u>	
	N	OUT	NA	NO		properly supplied and a Approved Source	ccessible	0	0	2	23	0	0	麗		Consumer advisory provided for raw and food	undercooked	0	0	4
		00	0		Food obtained from Food received at pro			0				IN	OUT	NA	NO	Highly Susceptible Popula		_		
11 3 12 (	_	0 0	80	0		ion, safe, and unadulter vailable: shell stock tags		0 0	0 0	5	24	O IN	O		10	Pasteurized foods used; prohibited foods Chemicals	not offered	0	0	9
-	N	OUT	NA	NO	destruction Protoct	tion from Contamina	tion			_	25	0	0			Food additives: approved and properly u	sed	0	ा	
13 ( 14 )				-	Food separated and Food-contact surfac	i protected es: cleaned and sanitize	ed		0		26	S IN		NA	NO	Toxic substances properly identified, sto Conformance with Approved P		0	0	ÿ
15 8	_	_			Proper disposition o served	f unsafe food, returned	food not re-			2	27	0	0	×		Compliance with variance, specialized pr HACCP plan	ocess, and	0	0	5
	-	_	_	God	d Retail Practice	a are preventive m	essures to co	ntro	the	intr	odus	tion	of	atho	oens	, chemicals, and physical objects	a into foods.		-	
				_				600												
	_			00	T=not in compliance Compl	iance Status	COS=corre		n-site R		inspe	ection				R-repeat (violation of the sam Compliance Status		COS	R	WT
28		OUT		leurizi	Safe F ed eggs used where r	ood and Water required		0		1		_	NUT	ood ar	nd no	Utensils and Equipment infood-contact surfaces cleanable, proper	ty designed.	_		
29		0	Wat	er and	lice from approved s			0	0	2	$\vdash$	-	<u> </u>	onstru	cted,	and used		0	0	1
		OUT			Food Tem	perature Control				<u> </u>		_	_			g facilities, installed, maintained, used, te ntact surfaces clean	st strips	0	0	1
31		0	cont	rol		adequate equipment for	rtemperature	0	0	2		0	TUK			Physical Facilities				
32		嵩	App	roved	properly cooked for thawing methods us	ed		8	0 0	1	4	9	-			f water available; adequate pressure stalled; proper backflow devices			0	2
34		O		mom	eters provided and a Food	courate		0	0	1		_	-			waste water properly disposed s: properly constructed, supplied, cleane	d		8	2
35		0	Foo	d prog	erly labeled; original	container; required reco	ords available	0	0	1	5	2	0	Sarbag	e/refi	use properly disposed; facilities maintaine	d	0	0	1
36	-		laco	-1		Food Contamination	n	0	0	2	-	_	-			itties installed, maintained, and clean entilation and lighting; designated areas us		0 0	0	1
30	+	-	-		idents, and animals r	g food preparation, stor	nan 8 diselau	0	0	1	F	-	NUT	voeque	ne ve	Administrative items	ea	-	<u> </u>	'
38	_				cleanliness	g lood preparation, stor	age o display	0	0	1	5	_		Jurrient	pern	nit posted		0	0	
39 40	_				oths; properly used an ruits and vegetables			0	0		5	6				inspection posted Compliance Status		O YES	0	0 WT
41		OUT				Use of Utensils						7	_	Someli	1000	Non-Smokers Protection A with TN Non-Smoker Protection Act			-	
42		0	Uter	sils, e	equipment and linens	; properly stored, dried,	handled	0	0	1	5	8		obacc	o pro	ducts offered for sale			0	0
43 44					ed properly	es; properly stored, use	4		8		<u>_</u>	a	1	10080	co pr	oducts are sold, NSPA survey completed		0	91	
																Repeated violation of an identical risk factor e. You are required to post the food service e				
manne	er an	nd po	st the	most	recent inspection report		r. You have the rig	ht to r	eques							fling a written request with the Commissioner				
(				9	4A		04/1	.4/2	023	3		]	K	×	Q	April	C	)4/1	4/2	023
Signa	atur	e of	Pers	son In	Charge				[	Date	Si	gnati	ire of	Envir	onme	ental Health Specialist				Date
						P									-	ealth/article/eh-foodservice				
PH-22	867 (	Rev.	6-15	)		Free food safety t Please	-			405			onth			inty health department. p for a class.			RD	A 629

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



### Establishment Information

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Establishment Name: Club Hotel Establishment Number #: 605200441

# 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 l'emperature	
Description	Temperature (Fahrenheit)

Decoription	State of Food	Temperature ( Fahrenheit

Observe	Violations	
Total 🔹		
Repeated	ר	
33:		
37:		
56:		

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# Establishment Information

Establishment Name: Club Hotel

Establishment Number : 605200441

Comments/Other Observations		
:		
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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: Club Hotel

Establishment Number: 605200441

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Club Hotel Establishment Number #. 605200441

Sources		
Source Type:	Source:	

# Additional Comments