

Establishment Name

Purpose of Inspection

Address

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal

City Inspection Date

Night We Met

114 12th Ave N

Nashville

Routine

Embargoed 0

Time in 05:55 PM AM/PM Time out 06:25: PM AM/PM

05/09/2024 Establishment # 605323274

₩ Follow-up O Complaint O Preliminary

O Consultation/Other

Number of Seats 60

SCORE

Risk Category О3 04 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

itus (IH, OUT, HA, HO) for ea

IN-in compliance			OUT=not in compliance NA=not applicable NO=not observe		red C		O\$=co		
					Compliance Status	cos	R	WT	
	IN	OUT	NA	NO	Supervision				
1	盔	٥			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16
	IN	OUT	NA	NO	Employee Health				17
2	$\neg x$	0			Management and food employee awareness; reporting	0 0			1 🗆
3	×	0			Proper use of restriction and exclusion	0	0	5	ш
	IN	OUT	NA	NO	Good Hygienic Practices				18
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19
5	200	0		0	No discharge from eyes, nose, and mouth	0	0	l °	20 21
	IN	OUT	NA	NO	Preventing Contamination by Hands				21
6	1	0		0	Hands clean and properly washed	0	0		22
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	"
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	23
	IN	OUT	NA	NO	Approved Source				1  23
9	黨	0			Food obtained from approved source	0	0		
10	0	0	0	3%	Food received at proper temperature	0	0	1	l
11	X	0			Food in good condition, safe, and unadulterated	0	0	5	24
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT	NA	NO	Protection from Contamination				25 26
13	×	0	0		Food separated and protected	0	0	4	26
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	寒	0	Proper cooking time and temperatures	0	0	5
17	0	0	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	×	0	Proper cooling time and temperature	0	0	
19	0	0	文	0	Proper hot holding temperatures	0	0	
20	243	0	0		Proper cold holding temperatures	0	0	5
21	0	0	386	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	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT		NO	Chemicals			
25	0	0	- XX		Food additives: approved and properly used	0	0	5
26	菜	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

#### stroduction of pathogo ns, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	Г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	Ľ
	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 Food 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	ļ
	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	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	0	0	

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	题	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	- 7
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	Т		
55	0	Current permit posted	0	0	П
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	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

cuous manner. You have the right to request a hi ten (10) days of the date of th 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

05/09/2024

05/09/2024

Date

Date Signature of Environmental Health Specialist

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



Establishment Information								
Establishment Name: Night We Met								
Establishment Number #: 605323274								
MCDA Common To be completed if	#F7 := #M=#							
NSPA Survey – To be completed if  Age-restricted venue does not affirmatively rest		facilities at all times to ne	rsons who are					
twenty-one (21) years of age or older.								
Age-restricted venue does not require each per	rson 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.					
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 r	not completely removed or	ropen.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.						
Smoking observed where smoking is prohibited	by the Act.							
Warewashing Info			1					
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renheit)				
Equipment Temperature								
Description			Temperature ( Fahr	renhelt)				
Food Temperature								
Description		State of Food	Temperature ( Fahr	renhelt)				

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

Establishment Information



Establishment Name: Night We Met
Establishment Number: 605323274
Comments/Other Observations
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10:
11:
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12:
14: CA: 3-compartment sink sanitizer switched to sink and surface, but does not have test strips - email order receipt sento me vis email. High-temperature dish washer is operating properly. Site has sufficient means to sanitize dishes. PIC
nas been notified that they must be able to produce appropriate test strips during all hours of operation.
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Additional Comments

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: Night We Met Establishment Number: 605323274	Establishment Information	
Comments/Other Observations (cont'd)  Additional Comments (cont'd)	Establishment Name: Night We Met	
Additional Comments (cont'd)	Establishment Number: 605323274	
Additional Comments (cont'd)		
Additional Comments (cont'd)	Comments/Other Observations (cont'd)	
	Additional Comments (south)	
See last page for additional comments.		
	See last page for additional comments.	

Establishment Information								
Establishment Name: Night We Met								
Establishment Number # 605323274								
Sources								
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Additional Comments								