



**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

Establishment Name: Rhythm And Rhymes  
Address: 114 Cottage Lane.  
City: Nashville  
Inspection Date: 05/09/2024 Establishment #: 605211651 Embargoed: 0  
Purpose of Inspection:  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
Risk Category:  O1  O2  O3  O4 Follow-up Required:  Yes  No Number of Seats: 69

Farmer's Market Food Unit  
 Permanent  Mobile  
 Temporary  Seasonal

SCORE

98

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			
1	<input checked="" type="checkbox"/> O			Person in charge present, demonstrates knowledge, and performs duties	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
2	<input checked="" type="checkbox"/> O			Management and food employee awareness, reporting	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
3	<input checked="" type="checkbox"/> O			Proper use of restriction and exclusion	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
4	<input checked="" type="checkbox"/> O			Good Hygienic Practices		
5	<input checked="" type="checkbox"/> O			Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
6	<input checked="" type="checkbox"/> O			No discharge from eyes, nose, and mouth	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
7	<input checked="" type="checkbox"/> O	<input type="radio"/> O	<input checked="" type="checkbox"/> O	Preventing Contamination by Hands		
8	<input checked="" type="checkbox"/> O			Hands clean and properly washed	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
9	<input checked="" type="checkbox"/> O			No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
10	<input type="radio"/> O	<input type="radio"/> O	<input checked="" type="checkbox"/> O	Handwashing sinks properly supplied and accessible	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	2
11	<input checked="" type="checkbox"/> O			Approved Source		
12	<input type="radio"/> O	<input checked="" type="checkbox"/> O	<input checked="" type="checkbox"/> O	Food obtained from approved source	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
13	<input checked="" type="checkbox"/> O	<input type="radio"/> O		Food received at proper temperature	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
14	<input checked="" type="checkbox"/> O	<input type="radio"/> O		Food in good condition, safe, and unadulterated	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
15	<input checked="" type="checkbox"/> O			Required records available: shell stock tags, parasite destruction	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	
16	<input type="radio"/> O			Protection from Contamination		
17	<input checked="" type="checkbox"/> O			Food separated and protected	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	4
18	<input checked="" type="checkbox"/> O			Food-contact surfaces: cleaned and sanitized	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	5
19	<input checked="" type="checkbox"/> O			Proper disposition of unsafe food, returned food not re-served	<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O	2
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23	<input type="radio"/> O	<input checked="" type="checkbox"/> O				
24	<input checked="" type="checkbox"/> O	<input type="radio"/> O				
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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						
28	<input type="radio"/> O	Safe Food and Water		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
29	<input type="radio"/> O	Pasteurized eggs used where required		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
30	<input type="radio"/> O	Water and ice from approved source		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Variance obtained for specialized processing methods		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
31	<input type="radio"/> O	Food Temperature Control		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
32	<input type="radio"/> O	Proper cooling methods used; adequate equipment for temperature control		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
33	<input type="radio"/> O	Plant food properly cooked for hot holding		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
34	<input type="radio"/> O	Approved thawing methods used		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Thermometers provided and accurate		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
35	<input type="radio"/> O	Food Identification		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
36	<input checked="" type="checkbox"/> O	Food properly labeled, original container, required records available		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Prevention of Food Contamination		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
37	<input checked="" type="checkbox"/> O	Insects, rodents, and animals not present		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
38	<input type="radio"/> O	Contamination prevented during food preparation, storage & display		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
39	<input type="radio"/> O	Personal cleanliness		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
40	<input type="radio"/> O	Wiping cloths; properly used and stored		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Washing fruits and vegetables		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
41	<input type="radio"/> O	Proper Use of Utensils		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
42	<input type="radio"/> O	In-use utensils; properly stored		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
43	<input type="radio"/> O	Utensils, equipment and linens; properly stored, dried, handled		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
44	<input type="radio"/> O	Single-use/single-service articles; properly stored, used		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Gloves used properly		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
45	<input type="radio"/> O	Utensils and Equipment		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
46	<input type="radio"/> O	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
47	<input type="radio"/> O	Warewashing facilities, installed, maintained, used, test strips		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Nonfood-contact surfaces clean		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
48	<input type="radio"/> O	Physical Facilities		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
49	<input type="radio"/> O	Hot and cold water available; adequate pressure		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
50	<input type="radio"/> O	Plumbing installed; proper backflow devices		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
51	<input type="radio"/> O	Sewage and waste water properly disposed		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		2
52	<input type="radio"/> O	Toilet facilities: properly constructed, supplied, cleaned		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
53	<input type="radio"/> O	Garbage/refuse properly disposed; facilities maintained		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
54	<input type="radio"/> O	Physical facilities installed, maintained, and clean		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		1
		Adequate ventilation and lighting; designated areas used		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
55	<input type="radio"/> O	Administrative Items		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
56	<input type="radio"/> O	Current permit posted		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		0
		Most recent inspection posted		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		
57	<input type="radio"/> O	Non-Smokers Protection Act		<input checked="" type="checkbox"/> O		
58	<input type="radio"/> O	Tobacco products offered for sale		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		0
59	<input type="radio"/> O	If tobacco products are sold, NSPA survey completed		<input type="radio"/> <input type="radio"/> <input checked="" type="checkbox"/> O		

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 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> \*\*\*\*

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**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)

**Observed Violations**

Total # 1

Repeated # 0

36:

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***Comments/Other Observations***

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\*\*\*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.

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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:

***Additional Comments***