



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**99**

Establishment Name The Continental Type of Establishment  Permanent  Mobile  
 Address 1000 Broadway  
 City Nashville Time in 02:55 PM AM / PM Time out 03:00 PM AM / PM  
 Inspection Date 04/14/2022 Establishment # 605301293 Embargoed 0  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category  1  2  3  4 Follow-up Required  Yes  No Number of Seats 147

**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"/>		Person in charge present, demonstrates knowledge, and performs duties	<input type="radio"/>	<input type="radio"/>	5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>		Management and food employee awareness, reporting	<input type="radio"/>	<input type="radio"/>	5
3	<input checked="" type="radio"/>	<input type="radio"/>		Proper use of restriction and exclusion	<input type="radio"/>	<input type="radio"/>	
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use	<input type="radio"/>	<input type="radio"/>	5
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	<input type="radio"/>	<input type="radio"/>	
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	<input type="radio"/>	<input type="radio"/>	5
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="radio"/>	<input type="radio"/>	
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Handwashing sinks properly supplied and accessible	<input type="radio"/>	<input type="radio"/>	2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	<input type="radio"/>	<input type="radio"/>	
10	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	5
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	<input type="radio"/>	<input type="radio"/>	
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	<input type="radio"/>	<input type="radio"/>	4
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned and sanitized	<input type="radio"/>	<input type="radio"/>	5
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of unsafe food, returned food not re-served	<input type="radio"/>	<input type="radio"/>	2

**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"/>	Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
30	<input checked="" type="radio"/>	Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Food Temperature Control</b>							
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
33	<input type="radio"/>	Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Food Identification</b>							
35	<input type="radio"/>	Food properly labeled; original container; required records available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Prevention of Food Contamination</b>							
36	<input type="radio"/>	Insects, rodents, and animals not present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths: properly used and stored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
<b>Proper Use of Utensils</b>							
41	<input type="radio"/>	In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1

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 26-1-705, 26-1-706, 26-1-708, 26-1-709, 26-1-711, 26-1-715, 26-1-716, 4-5-320.

Signature of Person In Charge [Signature] Date 04/14/2022 Signature of Environmental Health Specialist [Signature] Date 04/14/2022

\*\*\*\* 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



<b>Establishment Information</b>	
Establishment Name:	The Continental
Establishment Number #:	605301293

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)

<b>Equipment Temperature</b>	
Description	Temperature ( Fahrenheit)

<b>Food Temperature</b>		
Description	State of Food	Temperature ( Fahrenheit)

**Observed Violations**

Total # 1

Repeated # 0

30:



***Establishment Information***

Establishment Name: The Continental

Establishment Number : 605301293

***Comments/Other Observations***

- 1:
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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.

***Establishment Information***

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Establishment Number : 605301293

***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**

All critical items corrected.