

Establishment Name

Inspection Date

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

O Yes 疑 No

SCORE

1001 Broadway Address

> Nashville Time in 01:55 PM AM/PM Time out 02:00: PM AM/PM

Union Station Banquet Kitchen

11/01/2023 Establishment # 605242937 Embargoed 0

₩ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | e in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | | | 0 |
|----|-------------------|-------|--|----|---|---|---|--------|
| 匚 | Compliance Status | | | | | | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 380 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | Ι. |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | × | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 鼷 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | | |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | \Box |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | 1 |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | M | 0 | 0 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ø | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| Compliance Status | | | | | | cos | R | WT |
|---|----|-----|-----|----|---|-----|---|-----|
| IN OUT NA NO Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | | | | |
| 16 | 0 | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 35 | 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 | 0 | 文 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 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 | 333 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | - 5 |
| 26 | 黨 | 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 |

s, chemicals, and physical objects into foods.

L PRACTICES

| | | | GOO | | |
|----|-----|--|---------------|---|---|
| | | OUT=not in compliance COS=corr | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Caro i con amo i i mon | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | |
| | 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 | г |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | г |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | Γ |
| | OUT | Prevention of Feed Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | Γ |
| 38 | 0 | Personal cleanliness | 0 | 0 | Γ |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | $\overline{}$ | | Т |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | Г |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| pecti | on | R-repeat (violation of the same code provision) | | | |
|-------|-----|--|-----|----|-----|
| | | Compliance Status | cos | R | W |
| | OUT | Utensiis and Equipment | | | |
| 45 | 0 | Food and norfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 0 | 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 | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | |
| 51 | 726 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | | | Ī |
| 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 | - X | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

icuous manner. You have the right to request a h in (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

11/01/2023

Date Signature of Environmental Health Specialist

11/01/2023 Date

RDA 629

Signature of Person In Charge

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | |
|---|------------------------------|-------------------------------|---------------------|----------|--|--|--|--|
| Establishment Information Establishment Name: Union Station Banquet Kitchen | | | | | | | | |
| Establishment Name: Union Station Ba | anquet Kitchen | | | | | | | |
| Establishment Number #: [605242937 | | | | | | | | |
| NCDA Comer. To be completed if | #E7 := #M=# | | | | | | | |
| NSPA Survey – To be completed if | | facilities at all times to ne | mone who are | | | | | |
| 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 per | son 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 | ot completely open. | | | | | | | |
| Tents or awnings with removable sides or vents | in non-enclosed areas are n | ot completely removed or | ropen. | | | | | |
| Smoke from non-enclosed areas is infiltrating in | to areas where smoking is p | rohibited. | | | | | | |
| Smoking observed where smoking is prohibited | by the Act. | | | | | | | |
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| Warewashing Info | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fah | renhelt) | | | | |
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| Equipment Temperature | | | | | | | | |
| Description | | | Temperature (Fah | renhelt) | | | | |
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| Food Temperature | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Number: 605242937 Comments/Other Observations 1: 2: 3: 44: 5: 66: 67: 78: 88: 99: 100: 111: 122: 133: 144: 155: 166: 177: 188: 199: 200: 211: 222: 233: 244: 255: 266: 277: 577: 578: 588: | Establishment Name: Union Station Banquet Kitchen | |
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See last page for additional comments.

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| Establishment Name: Union Station Banquet Kitchen | | | | |
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| Establishment Number: 605242937 | | | | |
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| Comments/Other Observations (cont'd) | | | | |
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Establishment Information

| Establishment Name: Union Station Banqu Establishment Number # 605242937 | et Kitchen | |
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| Sources | | |
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Establishment Information