TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| | | | FOOD SERVICE ESTABLISHMENT INSPECTION REPORT | | | | | | | | SCORE | | | | | | | | | |
|--------------------|----------|-------|--|---------|---|---|--------------------|----------|----------|------------|----------------|---------|---------------------------|-----------------------------|--------|---|-----------------|----------|----------|------|
| Establishment Name | | | TAVERN AT | ГВОВВҮ | | | | | | | | | | O Farmer's Market Food Unit | 9 | F | | | | |
| Esta | bist | nmen | t Nar | | Type of Establishment O Mobile | | | | | | | | ent SK Permanent O Mobile | J | | J | | | | |
| Add | ress | | | | 230 4TH AVE N O Temporary O Seasonal | | | | | | | | | | | | | | | |
| City | | | | | Nashville Time in 12:00 PM AM / PM Time out 12:50: PM AM / PM | | | | | | | | | | | | | | | |
| Insp | ectio | n Da | rte | | 04/11/202 | 24 Establishment # | | | | | Embe | | | | | | | | | |
| Purp | ose | of In | spect | tion | Routine | O Follow-up | O Complaint | | | O Pr | elimin | ary | | 0 | Cor | nsultation/Other | | | | |
| Risi | Cat | egorj | y | | O1 | 3 22 | O 3 | | | O 4 | | | | Fo | low- | up Required OYes 🕅 No | Number of S | eats | 10 | 0 |
| | | R | isk I | | | | | | | | | | | | | to the Centers for Disease Control control measures to prevent illness | | ion | | |
| | | | | | out mating rac | | | | | | | | | | | INTERVENTIONS | or injery. | | | |
| | | | ırk de | algent | ed compliance stat | | | | | | | | | | | ach item as applicable. Deduct points for cate | gory or subcate | gory.) | | |
| IN | ⊨in ci | ompii | ance | | | nce NA=not applicable | NO=not observe | | _ | |) \$=co | rrecte | d on-s | ite duri | ng ins | pection R=repeat (violation of the sa | | | _ | |
| | | | | | Com | pliance Status | | cos | R | WT | | _ | _ | _ | | Compliance Status | | cos | R | WT |
| \square | _ | | NA | NO | Destas is shares i | Supervision | nouladas and | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/Ten Control For Safety (TCS) Foo | | | | |
| | 8 | 0 | | | performs duties | present, demonstrates k | nowledge, and | 0 | 0 | 5 | 16 | 0 | 0 | 0 | | Proper cooking time and temperatures | | 8 | 0 | |
| | IN XX | | NA | NO | Vanagement and | Employee Health food employee awarene | or monting | ~ | | | 17 | 0 | 0 | 0 | X | Proper reheating procedures for hot holding | | 0 | 0 | • |
| | 핥 | ŏ | | | | riction and exclusion | ss, repoining | ŏ | ŏ | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking, a a Public Health Control | nd Time as | | | |
| H | _ | _ | NA | NO | , | od Hygienic Practice | | - | - | _ | 18 | RX. | 0 | 0 | 0 | Proper cooling time and temperature | | 0 | 0 | |
| 4 | 20 | 0 | | 0 | Proper eating, tast | ting, drinking, or tobacco | use | | 0 | 5 | 19 | õ | 0 | 0 | 黨 | Proper hot holding temperatures | | 0 | 0 | |
| | | 0 | NA | | | eyes, nose, and mouth ing Contamination by | | 0 | 0 | Ľ | 20 | 20 | 8 | 8 | | Proper cold holding temperatures Proper date marking and disposition | | 8 | 8 | 5 |
| | 10 | 0 | - | | Hands clean and | | y namus | 0 | 0 | | 22 | | ŏ | - | | | | 0 | ŏ | |
| 7 | 鬣 | 0 | 0 | 0 | | tact with ready-to-eat for | ods or approved | 0 | 0 | 5 | <i>"</i> | | | × | NO | Time as a public health control: procedures | and records | 9 | <u> </u> | |
| 8 | 25 | 0 | | _ | alternate procedur Handwashing sink | is properly supplied and | accessible | 0 | 0 | 2 | 23 | IN XX | OUT | NA | NO | Consumer Advisory Consumer advisory provided for raw and un | dercooked | 0 | 0 | |
| | | | NA | _ | Fred although the | Approved Source | | | | | 23 | | | - | 110 | food | | ~ | <u> </u> | - |
| | | 0 | 0 | | | m approved source proper temperature | | | 0 | | | IN | OUT | | NO | Highly Susceptible Populatio | | | | |
| 11 | × | ŏ | Ŭ | ~ | Food in good cond | tition, safe, and unadulte | | ŏ | ŏ | 5 | 24 | 0 | 0 | X | | Pasteurized foods used; prohibited foods no | t offered | 0 | 이 | 5 |
| 12 | 0 | 0 | X | 0 | Required records destruction | available: shell stock taç | s, parasite | 0 | 0 | | | IN | ουτ | NA | NO | Chemicals | | | | |
| | | | NA | NO | Prote | ction from Contamin | ation | - | | | | 0 | 0 | X | | Food additives: approved and properly used | | 0 | <u> </u> | 5 |
| 13 | 홍 | 0 | 0 | | Food separated an Ecod-contact surfa | nd protected aces: cleaned and saniti | rad | 8 | 8 | 4 | 26 | 良 IN | | NA | NO | Toxic substances properly identified, stored, Conformance with Approved Pres | | 0 | 0 | |
| | | ō | - | | | of unsafe food, returned | | ō | ō | 2 | 27 | _ | 0 | 2 | 110 | Compliance with variance, specialized proce | | 0 | 0 | 5 |
| 15 | ~ | • | | | served | | | <u> </u> | U | - | 21 | 0 | U. | ~ | | HACCP plan | | <u> </u> | <u> </u> | 0 |
| | | | | Goo | d Retail Practic | ces are preventive a | measures to co | ontro | l the | intr | oduc | tion | of p | atho | gens | , chemicals, and physical objects in | to foods. | | | |
| | | | | | | | | GOO | DD R | ar/A | L PR | ACT | 1CE | 8 | | | | | | |
| | | | | 00 | T=not in compliance | | COS=corre | cted o | n-site | during | | | | | | R-repeat (violation of the same of | | | - | 1117 |
| | | OUT | | | | pliance Status Food and Water | | cos | R | WI | H | 0 | UT | | | Compliance Status Utensils and Equipment | | cos | ĸ | WT |
| 2 | | | | | d eggs used when | e required | | 0 | 0 | 1 | 4 | | o F | | | nfood-contact surfaces cleanable, properly d | lesigned, | 0 | 0 | 1 |
| 2 | | | | | tice from approved obtained for special | isource ized processing method | 5 | 8 | 8 | 2 | H | + | | | | and used | | | - | |
| | | OUT | | | | mperature Control | | | | | 4 | 6 | <u> </u> | Varewa | ashin | g facilities, installed, maintained, used, test s | trips | 0 | 0 | 1 |
| 3 | 1 | 0 | Prop | | oling methods used | t; adequate equipment fo | or temperature | 0 | 0 | 2 | 4 | _ | 0 N | lonfoo | d-cor | tact surfaces clean | | 0 | 0 | 1 |
| 3 | 2 | 0 | | | properly cooked fo | r hot holding | | 0 | 0 | 1 | 4 | | | ict and | f cold | Physical Facilities water available; adequate pressure | | 0 | 0 | 2 |
| 3 | | | | | thawing methods u | | | | 0 | 1 | 4 | _ | - | | | stalled; proper backflow devices | | 0 | 0 | 2 |
| 3 | _ | - | Ther | mome | eters provided and | | | 0 | 0 | 1 | 5 | | - | | | waste water properly disposed | | | 0 | 2 |
| - | _ | | E.c. | | | didentification | and a second state | - | | _ | 5 | _ | | | | es: properly constructed, supplied, cleaned | | | 2 | 1 |
| 3 | _ | | Food | 1 prop | | al container; required rec | | 0 | 0 | 1 | 5 | | - | - | | use properly disposed; facilities maintained | | 0 | 0 | 1 |
| - | _ | out | Inco | | | of Food Contaminatio | 2n | - | | - | 5 | _ | _ | | | lities installed, maintained, and clean | | _ | 위 | 1 |
| ⊢³ | 6 | - | insec | ots, ró | dents, and animals | s not present | | • | 0 | 2 | 5 | - | - | vaequa | ne ve | ntilation and lighting; designated areas used | | 0 | 이 | 1 |
| 3 | 7 | X | | | | ing food preparation, sto | vrage & display | 0 | 0 | 1 | | | UT | | | Administrative items | | | | |
| 3 | _ | | | | leanliness | and stored | | 0 | 0 | 1 | 5 | | | | | nit posted | | 0 | 2 | 0 |
| 3 | _ | | | | ths; properly used ruits and vegetable | | | | 0 | 1 | P | 6 (| | nost re | cent | Compliance Status | | | | WT |
| | | OUT | | | Prope | r Use of Utensils | | | · · · | _ | | | | _ | | Non-Smokers Protection Act | 1 | | | |
| 4 | 1 2 | | | | nsils; properly store quipment and liner | ed ns; properly stored, dried | bandled | | 8 | | 5 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | | 8 | 읭 | 0 |
| 4 | 3 | 25 | Sing | le-use | single-service arti | cles; properly stored, us | | 0 | 0 | 1 | 5 | | | | | oducts are sold, NSPA survey completed | | ŏ | ŏ | ÷ |
| 4 | 4 | 0 | Glov | es us | ed properly | | | 0 | 0 | 1 | | | | | | | | | | |

violations of risk factor items within ten (10) days may result in suspension of your food service establisher permit. Items identified as constituting imminent health hazards shall be corrected immediately or operation Repeated violation of an identical risk factor may result in revocation of your foo e. You are required to post the food service establishment permit in a conspicuou hment permit. ions shall ceas re to correct any conspicuous manner. You have the right to request a hearing regarding this report by filing a written re I8-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. est with the Commissioner within ten (10) days of the date of th

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04/11/2024

Signature of Person In Charge

Date Signature of

ialist

04/11/2024

**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. Please call () 6153405620 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Estal | Establishment Information | | | | | | |
|--------|-------------------------------|--|--|--|--|--|--|
| | Ishment Name: TAVERN AT BOBBY | | | | | | |
| Establ | Ishment Number # 605254462 | | | | | | |

| Warewashing Info | | | | | | | | | |
|--|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| High temp washer three compartment sink | Quarternary | 200 | 165 | | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|--------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Line cooler 1 | 38 | | | | |
| Prep cooler | 36 | | | | |
| Reach-in freezer | -1 | | | | |
| Walk-in cooler | 36 | | | | |

| State of Food | Temperature (Fahrenheit) |
|---------------|---|
| Cold Holding | 40 |
| Cold Holding | 39 |
| Cold Holding | 41 |
| Cooling | 50 |
| Cold Holding | 43 |
| Cold Holding | 42 |
| Cold Holding | 39 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Cold Holding Cold Holding Cold Holding Cooling Cold Holding Cold Holding |

Observed Violations

Total # 4

Repeated # ()

30: Observed vaccuum sealing of bacon wrapped steaks without variance or HACCP

37: Observed open energy drink on prep table

41: Scoops stored in granola with handle touching product

43: Observed plastic pint deli container used as scoop in bulk storage oat container



Establishment Information

Establishment Name: TAVERN AT BOBBY

Establishment Number : 605254462

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: An employee health policy is present.

3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.

5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6: Observed employees washing hands with proper technique.

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See source info

10: (NO): No food received during inspection.

11: (IN) All food was in good, sound condition at time of inspection.

- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.

16: No cooking observed

- 17: (NO) No TCS foods reheated during inspection.
- 18: Person in charge described appropriate cooling methods
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See food info
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: Consumer asvisory provided for salmon, steak
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 57: 58:

***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.

| Establishment Information | | | | | | | |
|-------------------------------------|-----------|--|--|--|--|--|--|
| Establishment Name: TAVERN AT BOBBY | | | | | | | |
| Establishment Numbe | 605254462 | | | | | | |

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: TAVERN AT BOBBY

Establishment Number # 605254462

| Sources | | | |
|--------------|------|---------|------------------------------|
| Source Type: | Food | Source: | Creation gardens, Sysco, gfs |
| Source Type: | | Source: | |

Additional Comments