## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

				FILP- 4th flo	or Broadway I	Bar									O Farmer's Market Food Unit ant O Mobile			
Estab	lishr	nent	Name	411 Broadw	2014						Ту	pe of I	Establ	ishme		J		
Addre	55			Nashville	ay		01	<u>.</u>							O Temporary O Seasonal			
City					2.4									me o	ut 02:05; PM AM / PM			
Inspec	tion	Date	Э	03/27/202	Establishment #	60532397	3		-	Emb	argoi	ed C	)					
Purpo	se c	of Ins	pection	O Routine	ə Follow-up	O Complaint			O Pr	relimi	nary		c	Cor	nsultation/Other			
Risk (	ate		k Far	O1	<b>3</b> 22	03	habs	wine	04		0.000	nonh			up Required O Yes 🕱 No Number of 3		11	0
		-													control measures to prevent illness or injury.			
		(Mari	c dealor	ated compliance statu	FOODBOR	NE ILLNESS Ri tech numbered iter	SK F	ACT	ORS		0 PU 07. m	BLIC ark C	HEA	LTH	INTERVENTIONS ach item as applicable. Deduct points for category or subcat	eserv.		
IN=ir		npilar		OUT=not in complian	nce NA=not applicable	NO=not observe	ed		c	05=cc					spection R+repeat (violation of the same code provis	ion)		
	4 C	UT	NA N		Supervision		cos	R	WT	lŀ					Compliance Status Cooking and Reheating of Time/Temperature	cos	R	WT
1 8	-	0		Person in charge p	resent, demonstrates k	mowledge, and	0	0	5		IN			NO	Control For Safety (TCS) Foods			
	1 0		NAN		Employee Health						5 O 7 O		Š		Proper cooking time and temperatures Proper reheating procedures for hot holding	ő	00	5
2 3		8			lood employee awarene iction and exclusion	ess; reporting	6	0	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
	4 C	UT	NA N	Ge	od Hygienic Practice					18	_				Proper cooling time and temperature	0	0	
4 X 5 X		8			ing, drinking, or tobacco eyes, nose, and mouth		8	0	5	19			意識	0	Proper hot holding temperatures Proper cold holding temperatures	0	00	5
6 8		O O		<ul> <li>Prevention</li> <li>Hands clean and p</li> </ul>	ng Contamination b reperly washed	y Hands	0	0		21	-	-			Proper date marking and disposition		0	
7 8	_	_	0 0	No hare hand cont	act with ready-to-eat fo	ods or approved	0	0	5	Ź	2 0	O	NA	O NO	Time as a public health control: procedures and records Consumer Advisory	0	0	
8 3		O JUT		Handwashing sink	s properly supplied and Approved Source	accessible	0	0	2	23	_	0	麗		Consumer advisory provided for raw and undercocked food	0	0	4
9 X 10 C	8	0		Food obtained from	n approved source			0			IN	OUT	_	NO	Highly Susceptible Populations			
11 5		0			ition, safe, and unadult		0	ŏ	5	24	• 0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
12 (	_		X C	destruction	rvailable: shell stock ta;		0	0			IN	OUT		NO	Chemicals			
13 🖇	8	0	NA N	Food separated an	ction from Contamin of protected	ation		0	4	25	5 O 5 度	0	×	,	Food additives: approved and properly used Toxic substances properly identified, stored, used	0	0	5
	-	-	0		ces: cleaned and saniti of unsafe food, returned		0	0	5	27	IN	-	NA	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and	0	0	
15 3	8	0		served			0	0	2	2/	0	0	<b>X</b>		HACCP plan	0	0	5
			G	od Retail Practic	es are preventive	measures to co	ontro	l the	intr	rodu	ction	n of p	atho	gens	, chemicals, and physical objects into foods.			
				UT=not in compliance		COS=come						TICE	5		R-repeat (violation of the same code provision)			
	10	UT		Comp	liance Status Food and Water			R		ĨĔ					Compliance Status Utensils and Equipment	COS	R	WT
28		OP		zed eggs used where	required		0	0	1			0			infood-contact suffaces cleanable, properly designed, and used	0	0	1
29 30		0 \			zed processing method	ts	ŏ	00	2		16	- 1			g facilities, installed, maintained, used, test strips	0	0	1
31	Ŧ	O P	roper o		mperature Control adequate equipment f	or temperature	0	0	2		17	_			ntact surfaces clean	0	0	1
32		- 0	ontrol Nant for	od property cooked for	r hot holding		0	0				OUT O∤	lot and	1 cold	Physical Facilities I water available; adequate pressure	0	0	2
33		0 /	pprove	d thawing methods u meters provided and a	sed		0 0	0			19	OF	Numbi	ng ins	stalled; proper backflow devices waste water properly disposed		0	2
- 4	_	DUT	nenno		Identification		Ľ		<u> </u>			-			es: properly constructed, supplied, cleaned	ŏ	ŏ	1
35		_	ood pr		I container; required re-		0	0	1			-		·	use properly disposed; facilities maintained	0	0	1
36	- 12		isects	Prevention of rodents, and animals	of Food Contamination	on	0	0	2	. –	-	-			lities installed, maintained, and clean entilation and lighting; designated areas used	0	0	1
37	+	-			ng food preparation, st	orano 8 disolau	0	0	1	ΙF	-	DUT	- and and and	10 10	Administrative Items	Ē	_	
38	_	_		l cleanliness	ng rood preparation, an	orage a display	6	0	1	5	_		Dument	t pern	nit posted	0	0	
39	Þ	¥ کھ	Viping (	loths; properly used a			0	0	1		_	-		-	Inspection posted Compliance Status	0	0	0 WT
	C	TUC			Use of Utensils		0	0	1						Non-Smokers Protection Act			
41 42		O III			s; properly stored, dried		0	00	1		57 58		lopaco	o pro	with TN Non-Smoker Protection Act ducts offered for sale	0	0	0
				and the local day of the second se	last nonarhy starad us	ed.	0	0			39	ł	f tobac	co pr	oducts are sold, NSPA survey completed	0	0	
43		0 S	ingle-u	se/single-service artic used properly	ries, propeny stored, as			0										
43 44 Failure	to c		Single-u Sloves (	used properly stations of risk factor its	ems within ten (10) days r		O Ision o	ef you	r food						Repeated violation of an identical risk factor may result in revo			
43 44 Failure service manne	to c est	O S O O	ingle-u iloves t any vi ment pe	used properly plations of risk factor its rmit. Items identified as st recent inspection rep	ems within ten (10) days r constituting imminent he ort in a conspicuous man	with hazards shall b ner. You have the rig	o sion o corre	f you cted i eque	r food immed	Siately	or op	eratio	ns shal	l ceas	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm fling a written request with the Commissioner within ten (10) day	t in a i	onsp	icuous
43 44 Failure service manne	to c est	O S O O	ingle-u iloves t any vi ment pe	used properly plations of risk factor its rmit. Items identified as st recent inspection rep	ems within ten (10) days r constituting imminent he	with hazards shall b ner. You have the rig 1, 68-14-715, 68-14-7	vision o e corre pht to r 16, 4-5	of you acted i request -320,	r food immed st a he	Siately	or op	eratio	ns shal	l ceas	e. You are required to post the food service establishment permission a written request with the Commissioner within ten (10) days	t in a s of the	date	of this
43 44 Failure service manne report.		o sorrec ablish A se	ingle-u iloves i t any vi ment pe the mo ctions (	used property plations of risk factor ib mail, items identified as st recent inspection rep 8-14-203, 68-14-706, 68-	ems within ten (10) days r constituting imminent he ort in a conspicuous man	with hazards shall b ner. You have the rig	vision o e corre pht to r 16, 4-5	-328 2024	r food immed st a he	Sately aring	or op regar	eration ding th		t by f	e. You are required to post the food service establishment permissioner within ten (10) days	t in a i	date	of this
43 44 Failure service manne report.		o sorrec ablish A se	ingle-u iloves i t any vi ment pe the mo ctions (	used properly plations of risk factor its mit. Items identified as at recent inspection rep 8-14-203, 68-14-706, 68-1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ems within ten (10) days r a constituting imminent he ort in a conspicuous mare 14-708, 68-14-709, 68-14-71	ealth hazards shall b ner. You have the rig 1, 68-14-715, 68-14-7 03/2	0 vision c c corre pri to r 16, 4-5 27/2	f you cted i aquer -329. 2024	r food immed st a he 4 Date	siately aring Si	or op regan	ure of	repo	onme	e. You are required to post the food service establishment permission a written request with the Commissioner within ten (10) days	t in a s of the	date	of this

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

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



#### Establishment Information Establishment Name: FILP- 4th floor Broadway Bar Establishment Number #: [605323973

F

-

. .

# Warewashing Info Machine Name Sanitizer Type PPM Temperature ( Fahrenheit)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Decoription	State of Food	Temperature ( Fahrenheit

Observed Violations
Total # 1 Repeated # 0
Repeated # 0
39:

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



#### Establishment Information

Establishment Name: FILP- 4th floor Broadway Bar Establishment Number: 605323973

Comments/Other Observations	_
:	
•	

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

Establishment Name: FILP- 4th floor Broadway Bar Establishment Number : 605323973

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: FILP- 4th floor Broadway Bar Establishment Number # 605323973

Sources		
Source Type:	Source:	

# Additional Comments