

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

OLE RED 1ST FLOOR KITCHEN Remanent O Mobile Establishment Name Type of Establishment 300 BROADWAY Address

O Temporary O Seasonal

Nashville Time in 12:50 PM AM/PM Time out 12:55: PM AM/PM City

03/18/2024 Establishment # 605254456 Embargoed 0 Inspection Date

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

Number of Seats 277 Risk Category О3 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

10	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observed COS=co				xrect	
					Compliance Status	cos	R	WT] [
	IN	OUT	NA	NO	Supervision					IN
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	1 14
	IN	OUT	NA	NO	Employee Health				1 17	
2	ЭXС	0			Management and food employee awareness; reporting	0	0		1 🗆	
3	×	0			Proper use of restriction and exclusion	0	0	5	Ш	IN
	IN	ОИТ	NA	NO	Good Hygienic Practices				1 18	0
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 15	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0		20	
	IN	OUT	NA	NO	Preventing Contamination by Hands	Preventing Contamination by Hands				1 2
6	100	0		0	Hands clean and properly washed	0	0		22	2 0
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5		IN
8	X	0			Handwashing sinks properly supplied and accessible	0	0	2	22	3 35
	IN	OUT	NA	NO	Approved Source] ["	100
9	黨	0			Food obtained from approved source	0	0			IN
10	0	0	0	×	Food received at proper temperature	0	0		24	10
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	Ľ	1
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN
	IN	OUT	NA	NO	Protection from Contamination	Protection from Contamination			25	5 0
13	Ŕ	0	0		Food separated and protected	0	0	4	26	1 10
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	7 (3)

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	凝	0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	Proper reheating procedures for hot holding	0	0	۰
	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	Proper hot holding temperatures	0	0	
20	243	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	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	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	2	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

to control the introduction of pathogens, chemicals, and physical objects into foods.

L PRACTICES

			GOO			
		OUT=not in compliance COS=con				
		Compliance Status	cos	R	W	
	OUT	Caro rocc and comes				
28	0	Pasteurized eggs used where required	0	0	1	
29	0		0	0	_2	
30	0	Variance obtained for specialized processing methods	0	0	1	
	OUT	Food Temperature Control				
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	1	
32	0	Plant food properly cooked for hot holding	0	0	1	
33	0	Approved thawing methods used	0	0	,	
34	0	Thermometers provided and accurate	0	0	Ī	
	OUT	Food Identification				
35	0	Food properly labeled; original container; required records available	0	0	1	
	OUT	Prevention of Food Contamination				
36	0	Insects, rodents, and animals not present	0	0	:	
37	0	Contamination prevented during food preparation, storage & display	0	0	1	
38	0	Personal cleanliness	0	0	r	
39	0	Wiping cloths; properly used and stored	0	0	ľ	
40	0	Washing fruits and vegetables	0	0	'	
	OUT	Proper Use of Utensils				
41	0	In-use utensils; properly stored	0	0	Γ.	
42	120	Utensils, equipment and linens; properly stored, dried, handled	0	0	,	
43	0		0	0	r	
44	10	Gloves used properly	0	0	-	

pecti		R-repeat (violation of the same code provision Compliance Status	cos	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and norifood-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	- 3
50	0	Sewage and waste water properly disposed	0	0	- 3
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	×	Garbage/refuse properly disposed; facilities maintained	0	0	
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
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	0	100	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

er. You have the right to request a l en (10) days of the date of the

03/18/2024

Signature of Person In Charge

Date Signature of Environmental Health Specialist

03/18/2024

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

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

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information										
Establishment Name: OLE RED 1ST FLOOR KITCHEN										
Establishment Number #: 605254456										
NCDA C To be considered if	#F7 :- #M-2									
NSPA Survey – To be completed if: Age-restricted venue does not affirmatively rest		facilities at all times to be	rsons 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 n	ot completely open.									
Tents or awnings with removable sides or vents	In non-enclosed areas are n	ot completely removed o	r open.							
Smoke from non-enclosed areas is infiltrating in	to areas where smoking is p	rohibited.								
Smoking observed where smoking is prohibited	by the Act.									
Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)						
		•	•							
Equipment Temperature										
Description			Temperature (Fah	renhelt)						
			1							
Food Temperature										
Description		State of Food	Temperature (Fah	renhelt)						
		I	I							
			1							

Observed Violations
Total # 2 Repeated # 0
Repeated # 0
42: 52:
52:

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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



Establishment Name: OLE RED 1ST FLOOR KITCHEN	
Establishment Number: 605254456	
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Comments/Other Observations	
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Additional Comments	

Additional Comments				
See last page for	additional con	nments.		
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^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: OLE RED 1ST FLOOR KITCHEN					
Establishment Number: 605254456					
Comments/Other Observations (cont'd)					
Additional Comments (cont'd)					
See last page for additional comments.					
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Establishment Information

Establishment Name: OLE RED 1ST FLOOR KITCHEN						
Establishment Number # 605254456	1					
Sources						
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Additional Comments						

Establishment Information