TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Ser. | 100 | | R. | | | | | | | | | | | | | | | | | | |
|-------------------------------|----------------|---------|-------------------|--------------------|--------------|--|--|---|--------|------------|---------|------------|------------|--------------------------|----------|---------|--|---|----------|---------|--------|
| Eet | able | her | | lan | | Draft Kings E | Basement Kitch | ien | | | | | | | | | Farmer's Market Food Un Permanent O Mobili | | ŀ | 1 | |
| Establishment Name Address | | | 128 2nd Ave | • N | | | | | _ | Ту | pe of E | Establi | ishme | O Temporary O Seaso | | L | J | | | | |
| | | | Nashville | | Time in | 0 | 7 <i>∙∆</i> | 0 F | | | | | | ut 07:50: PM AM | | | | | | | |
| City Inspection Date | | | 04/04/202 | 24 Establishment # | | | | | | _ | M 0 | | me o | ut <u>07.00; 1111</u> AM | r PM | | | | | | |
| | | | Date Insp | | | O Routine | Establishment # | O Complaint | | | _ | Emb | | | | 0.00 | nsuitation/Other | _ L | | | |
| | k Ca | | | ,,,,,, | | O1 | SEC2 | 03 | | | 04 | Quitu | nary | | | | up Required O Yes 🕅 | No Number of S | Seate | 0 | |
| | | 104 | | | | ors are food prep | aration practices a | nd employee | | | * m | | | | rep | ortec | to the Centers for Diseas | e Control and Preven | | _ | |
| | | | | | as c | ontributing facto | | | | | | | | _ | | | control measures to preventions | ent liiness or injury. | | | |
| | | | | | lgne | | IN, OUT, NA, HO) for ea | ch numbered Iten | n. For | | | and O | UT, m | ark Ci | 05 or R | t for e | ach Item as applicable. Deduct p | | |) | |
| | ⊫in c | :om | plian | 08 | _ | | liance Status | NO=not observe | | R | | | mecte | id on-s | ite duri | ing ins | Spection R=repeat (viol Compliance Status | ation of the same code provisi | | R | WT |
| | | - | - | VA. | NO | Destas is shares as | Supervision | autodas and | | | | | IN | OUT | NA | NO | Cooking and Reheating of Control For Safety | • | | | |
| 1 | 篇 IN | 0 |) лт к | | 10 | performs duties | esent, demonstrates kn Employee Health | owiedge, and | 0 | 0 | 5 | | 5 🕱 7 🛣 | | 0 | | Proper cooking time and tempe Proper reheating procedures fo | ratures | 0 | 8 | 5 |
| 2 | X | | 2 | | NO | Management and fo | od employee awarenes | s; reporting | | 0 | 6 | l F | | | NA | NO | Cooling and Holding, Date | | - | | |
| 3 | × IN | 0 |) ЛТ (| | NO | Proper use of restric | ction and exclusion d Hygienic Practices | | 0 | 0 | Ť | 11 | 5 NK | 0 | 0 | | a Public Healt Proper cooling time and temper | | 0 | o | |
| 4 | X | 7 | 5 | | 0 | Proper eating, tastin | ng, drinking, or tobacco u | | 0 | 0 | 5 | 1 | 12 | 0 | 0 | _ | Proper hot holding temperature | 5 | 0 | 0 | |
| 5 | | 0 | Л Т | VA. | NO | Preventin | eyes, nose, and mouth ag Contamination by | Hands | | 0 | | | 1 | 8 | | 0 | Proper cold holding temperature Proper date marking and dispos | | 8 | 8 | 5 |
| 6 | 直区 | | | 0 | 0 | | ct with ready-to-eat food | ts or approved | 0 | 0 | 5 | Ż | 2 🕱 | | 0 | - | Time as a public health control: | | 0 | 0 | |
| 8 | 25 | | <u>,</u> | - | - | | properly supplied and a | ccessible | - | 0 | 2 | 2 | IN 3 💢 | 001 | NA | NO | Consumer A Consumer advisory provided fo | | 0 | 0 | 4 |
| 9 | IN 家 | | | VA | NO | Food obtained from | Approved Source | | | 0 | | | IN | OUT | - | NO | food Highly Susceptible | • Populations | - | | - |
| 10 11 | X | 2 | _ | 0 | 0 | Food received at pr Food in good condit | oper temperature tion, safe, and unadulter | ated | 8 | 0 | 5 | 24 | 1 🐹 | 0 | 0 | | Pasteurized foods used; prohib | ited foods not offered | 0 | 0 | 5 |
| 12 | | 6 | _ | 0 | 0 | Required records av destruction | vailable: shell stock tags | , parasite | 0 | 0 | | | IN | OUT | NA | NO | Chemic | als | | | |
| 13 | IN X | | <u>л</u> М 2 (| _ | NO | Protect Food separated and | tion from Contaminat contected | tion | 0 | 0 | 4 | 2 | 5 22 | 8 | 0 | J | Food additives: approved and p Toxic substances properly iden | | 0 | 0 | 5 |
| 14 | X | C | | | | Food-contact surfac | ces: cleaned and sanitize of unsafe food, returned | | 0 | 0 | | | IN | OUT | NA | NO | Conformance with App | proved Procedures | | | |
| 15 | X | 9 | | | | served | or unsate rood, returned t | rood not re- | 0 | 0 | 2 | 27 | 12 | 0 | 0 | | Compliance with variance, spec HACCP plan | cialized process, and | 0 | 0 | 5 |
| | | | | | Goo | d Retail Practice | es are preventive m | easures to co | ontro | l the | inti | odu | ction | of p | atho | gens | , chemicals, and physical | objects into foods. | | | |
| | | | | | | | | | | | | | | ne⊧ | 8 | | | | | | |
| E | | | 12 | | 00 | | liance Status | COS=corre | | R | | ÍÉ | | | | | Compliance Stats | | COS | R | WT |
| | 8 | OI C |) Pi | aste | urize | ed eggs used where | eed and Water required | | 0 | 0 | 1 | | | | | | Utensils and Equipm infood-contact surfaces cleanable | | 0 | 0 | 1 |
| _ | 19 10 | 3 |) V | | | | red processing methods | | 8 | 0 | 2 | $ \vdash$ | - | | | | and used g facilities, installed, maintained, | used test strips | 0 | 0 | 1 |
| H. | | 0 | D | торя | er co | | nperature Control adequate equipment for | temperature | 0 | 0 | 2 | | _ | | | | ntact surfaces clean | | 0 | | 1 |
| | 12 | | 00 | ontro tant | | properly cooked for | hot holding | | - | 0 | | | _ | NUT O⊦ | iot and | 1 cold | Physical Facilitie water available; adequate press | | 0 | 0 | 2 |
| | 3 | 7 |) A | ppro | oved | thawing methods us | ed | | 0 | 0 | 1 | ΙÞ | 19 | ΟP | Numbi | ng ins | stalled; proper backflow devices | 3010 | 0 | 0 | 2 |
| É | 4 | 0 | | nen | nome | eters provided and a Food | Identification | | 0 | 0 | 1 | | | - | | | i waste water properly disposed es: properly constructed, supplie | d, cleaned | 0 | | 2 |
| Ŀ | 5 | 4 | | ood | prop | | container; required reco | | 0 | 0 | 1 | ᄂ | _ | - | | | use properly disposed; facilities r | | 0 | 0 | 1 |
| | 6 | 0 | _ | isec | ts. ro | Prevention of idents, and animals r | f Food Contamination not present | 1 | 0 | 0 | 2 | . – | - | | | | lities installed, maintained, and o intilation and lighting; designated | | 0 | 0 0 | 1 |
| ⊢ | 17 | - | + | _ | - | | ng food preparation, stor | ace & disclay | 0 | 0 | 1 | | - | лл | , | | Administrative iter | | - | - | |
| | 8 | 1 | _ | | | leanliness | | oge a sopraj | 0 | 0 | 1 | | 55 | 0 | | | nit posted | | 0 | 0 | 0 |
| | 9 10 | | _ | _ | <u> </u> | ths; properly used a ruits and vegetables | | | 8 | 0 | 1 | F | 6 | 0 1 | fost re | cent | inspection posted Compliance Statu | • | 0 YES | O NO | WT |
| | 11 | 0 | л | | | | Use of Utensils | | | 0 | | | 57 | - | omoli | 3000 | Non-Smokers Prot with TN Non-Smoker Protection | tection Act | x | | |
| | 2 | 8 | K U | tens | sils, e | quipment and linens | ; properly stored, dried, es; properly stored, use | | 0 | | 1 | | i8 19 | T | obacc | o pro | ducts offered for sale oducts are sold. NSPA survey of | | 0 | Š | 0 |
| | 4 | | | | | ed properly | es, propeny stored, use | <u> </u> | | ŏ | | | 19 | | lobac | co pr | oducts are sold, NSPA survey o | ompieted | 0 | | |
| serv | ice e mer a | stal | blish | men the | t perm | nit. Items identified as recent inspection report | constituting imminent heal | th hazards shall b r. You have the ric | e com | ected i | mmer | Sately | or op | eration | ns shall | l ceas | Repeated violation of an identical e. You are required to post the foo filing a written request with the Com | d service establishment permi | t in a | consp | icuour |
| | | | | | \mathbb{V} | | | 04/0 | | 2024 | | _ | 2 | K | N | | Mb | (| 04/0 |)4/2 | |
| Sig | natu | re | of P | ers | on In | Charge | , , | | | ound | | | | | c//tn.g | jov/h | ental Health Specialist ealth/article/eh-foodservice | **** | | | Date |
| PH- | 2267 | (R | IV. 6- | -15) | | | Free food safety t Please | - | | ava 153 | | | | | | | nty health department. p for a class. | | | R | DA 629 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Draft Kings Basement Kitchen Establishment Number #: 605321667

| NSPA Survey – To be completed if #57 is "No" | |
|---|--|
| 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. | |

| Warewashing Info | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | |
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| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
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| Description | State of Food | Temperature (Fahrenheit |
|-------------|---------------|--------------------------|
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| Observed Violations | | |
|----------------------------|--|--|
| Total # 1 | | |
| Total # 4 Repeated # () | | |
| 37: | | |
| 57. 10 | | |
| 42: | | |
| 46: | | |
| 53: | | |
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Establishment Information

Establishment Name: Draft Kings Basement Kitchen Establishment Number : 605321667

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: Draft Kings Basement Kitchen Establishment Number : 605321667

Comments/Other Observations (cont'd)

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

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| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments