

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 0

O Farmer's Market Food Unit PBR - Main Bar Remanent O Mobile Establishment Name Type of Establishment 128 2nd Ave N O Temporary O Seasonal Address Nashville Time in 08:35 PM AM/PM Time out 08:45: PM AM/PM City 04/04/2024 Establishment # 605321392 Embargoed 0 Inspection Date Purpose of Inspection **E**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

О3

Follow-up Required

04

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | ed | | 0 |
|--|-----|-----|----|----|---|-----|---|---------------|
| Compliance Status | | | | | | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 盔 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | 100 | 0 | | | Management and food employee awareness; reporting | | 0 | $\overline{}$ |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 0 | 0 | 0 | × | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 嵩 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | | 0 | 5 |
| 12 | 0 | 0 | Ж | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ŕ | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- | 0 | 0 | 2 |

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|-----|--|---|-----|---|----|
| | IN | OUT | NA | NA NO Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | |
| 16 | | 0 | 寒 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 3% | 0 | Proper reheating procedures for hot holding | 0 | 0 | , |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | X | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 文 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 0 | 0 | 36 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 386 | 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 | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 菜 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

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

RACTICES

| | | | GOO | D R | a/.\ | Ш |
|----|-----|--|-----|-----|------|-------|
| | | OUT=not in compliance COS=con | | | | g ins |
| | | Compliance Status Safe Food and Water | cos | R | WT | J L |
| | OUT | | | | 1 [| |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 | П |
| 29 | 0 | · · · · · · · · · · · · · · · · · · · | 0 | 0 | 2 | l L |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 | П |
| | OUT | Food Temperature Control | | _ | | I L |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 2 | H |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 | 1 1 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 | 1 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 | 11 |
| | OUT | Food Identification | | | | ۱t |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 | |
| | OUT | Prevention of Food Contamination | | | | 1 [|
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 | П |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 | 11 |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 | 11 |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 | 1 1 |
| | OUT | Proper Use of Utensils | | | | l h |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | 1 | Ιľ |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 | Ιľ |
| 43 | 0 | | 0 | 0 | 1 | ΙĖ |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 |] - |

| spect | ion | R-repeat (violation of the same code provision | | _ | |
|-------|-----|--|-----|----|----|
| | | Compliance Status | cos | R | WT |
| | OUT | Utensils and Equipment | _ | _ | |
| 45 C | | 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 | 1 |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ۰ |
| | | Compliance Status | YES | NO | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | × | | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

er. You have the right to request a h n (10) days of the date of the

Signature of Person In Charge

04/04/2024

04/04/2024

**** 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 Name: PBR - Main Bar Establishment Number #: 605321392 | | | | | | | |
|---|--|--|---|--|--|--|--|
| <u> </u> | | | | | | | |
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| 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. | | | | | | | |
| rson attempting to gain entry | to submit acceptable fo | rm of identification. | | | | | |
| moking" symbol are not cons | spicuously posted at eve | ry entrance. | | | | | |
| not completely open. | | | | | | | |
| s in non-enclosed areas are | not completely removed | or open. | | | | | |
| nto areas where smoking is p | rohibited. | | | | | | |
| d by the Act. | | | | | | | |
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| A continue Trans | | | | | | | |
| | PPM | Temperature (Fah | renhelt) | | | | |
| Quarternary | | | | | | | |
| | | | | | | | |
| | | Temperature / Eats | enhelf) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | State of Food | Temperature (Fahi | renhelt) | | | | |
| | #57 is "No" trict access to its buildings or rson attempting to gain entry imoking" symbol are not cons not completely open. s in non-enclosed areas are | #57 is "No" trict access to its buildings or facilities at all times to present attempting to gain entry to submit acceptable for imoking" symbol are not conspicuously posted at even not completely open. In non-enclosed areas are not completely removed not areas where smoking is prohibited. If by the Act. Sanitzer Type PPM | #57 is "No" trict access to its buildings or facilities at all times to persons who are reson attempting to gain entry to submit acceptable form of identification. Simoking' symbol are not conspicuously posted at every entrance. Into completely open. In non-enclosed areas are not completely removed or open. Into areas where smoking is prohibited. In by the Act. Sanitizer Type PPM Temperature (Fah | | | | |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: PBR - Main Bar Establishment Number: 605321392

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: (NO) No food workers present during the inspection.
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling takes place at bar
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: (NA) Establishment does not cold hold TCS foods.
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

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

| Establishment Name: PBR - Main Bar | | | | |
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| Establishment Number: 605321392 | | | | |
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| Comments/Other Observations (cont'd) | | | | |
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| Additional Comments (cont'd) | | | | |
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Establishment Information

| Establishment Information | | | | | | | | |
|------------------------------------|---------|----------|--|--|--|--|--|--|
| Establishment Name: PBR - Main Bar | | | | | | | | |
| Establishment Number #: 605321392 | | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: Food | Source: | Us foods | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Additional Comments | | | | | | | | |
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