



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name BOBBY HOTEL ROOFTOP KITCHEN Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 230 4TH AVE NORTH ☐ Temporary ☐ Seasonal
City Nashville Time in 11:25 AM AM / PM Time out 11:55 AM AM / PM
Inspection Date 04/11/2024 Establishment # 605254698 Embargoed 0
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 85

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)				
Compliance Status										COS					R					WT									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties										<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Employee Health																								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting										<input type="checkbox"/>	<input type="checkbox"/>	5												
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion										<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use										<input type="checkbox"/>	<input type="checkbox"/>	5												
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth										<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed										<input type="checkbox"/>	<input type="checkbox"/>	5												
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										<input type="checkbox"/>	<input type="checkbox"/>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Handwashing sinks properly supplied and accessible										<input type="checkbox"/>	<input type="checkbox"/>	2												
	IN	OUT	NA	NO	Approved Source																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source										<input type="checkbox"/>	<input type="checkbox"/>	5												
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature										<input type="checkbox"/>	<input type="checkbox"/>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated										<input type="checkbox"/>	<input type="checkbox"/>													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction										<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Protection from Contamination																								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected										<input type="checkbox"/>	<input type="checkbox"/>	4												
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized										<input type="checkbox"/>	<input type="checkbox"/>													
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served										<input type="checkbox"/>	<input type="checkbox"/>	2												

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>	5							
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>								
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>	5							
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>								
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>								
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition										<input type="checkbox"/>	<input type="checkbox"/>								
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records										<input type="checkbox"/>	<input type="checkbox"/>	5							
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food										<input type="checkbox"/>	<input type="checkbox"/>	4							
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered										<input type="checkbox"/>	<input type="checkbox"/>	5							
	IN	OUT	NA	NO	Chemicals																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used										<input type="checkbox"/>	<input type="checkbox"/>	5							
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used										<input type="checkbox"/>	<input type="checkbox"/>								
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan										<input type="checkbox"/>	<input type="checkbox"/>	5							

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

OUT=not in compliance					COS=corrected on-site during inspection					R-repeat (violation of the same code provision)						
Compliance Status					COS	R	WT	Compliance Status					COS	R	WT	
Safe Food and Water					Utensils and Equipment											
28	OUT	○	Pasteurized eggs used where required	○	○	1	45	OUT	○	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	○	○	1			
29	○	○	Water and ice from approved source	○	○	2	46	○	○	Warewashing facilities, installed, maintained, used, test strips	○	○	1			
30	○	○	Variance obtained for specialized processing methods	○	○	1	47	○	○	Nonfood-contact surfaces clean	○	○	1			
Food Temperature Control					Physical Facilities											
31	○	○	Proper cooling methods used; adequate equipment for temperature control	○	○	2	48	OUT	○	Hot and cold water available; adequate pressure	○	○	2			
32	○	○	Plant food properly cooked for hot holding	○	○	1	49	○	○	Plumbing installed; proper backflow devices	○	○	2			
33	○	○	Approved thawing methods used	○	○	1	50	○	○	Sewage and waste water properly disposed	○	○	2			
34	○	○	Thermometers provided and accurate	○	○	1	51	○	○	Toilet facilities: properly constructed, supplied, cleaned	○	○	1			
Food Identification					Administrative Items											
35	○	○	Food properly labeled; original container; required records available	○	○	1	52	○	○	Garbage/refuse properly disposed; facilities maintained	○	○	1			
Prevention of Food Contamination					Non-Smokers Protection Act											
36	○	○	Insects, rodents, and animals not present	○	○	2	53	○	○	Physical facilities installed, maintained, and clean	○	○	1			
37	☒	○	Contamination prevented during food preparation, storage & display	○	○	1	54	○	○	Adequate ventilation and lighting; designated areas used	○	○	1			
38	○	○	Personal cleanliness	○	○	1										
39	○	○	Wiping cloths; properly used and stored	○	○	1	55	OUT	○	Current permit posted	○	○	0			
40	○	○	Washing fruits and vegetables	○	○	1	56	○	○	Most recent inspection posted	○	○				
Proper Use of Utensils																
41	○	○	In-use utensils; properly stored	○	○	1	Compliance Status					YES	NO	WT		
42	○	○	Utensils, equipment and linens; properly stored, dried, handled	○	○	1	Non-Smokers Protection Act									
43	○	○	Single-use/single-service articles; properly stored, used	○	○	1	57	○	○	Compliance with TN Non-Smoker Protection Act	☒	○				
44	○	○	Gloves used properly	○	○	1	58	○	○	Tobacco products offered for sale	○	○	0			
										59	○	○	If tobacco products are sold, NSPA survey completed	○	○	

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-203, 68-14-206, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/11/2024 Signature of Environmental Health Specialist [Signature] Date 04/11/2024

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

Establishment Number #: 605254698

Smoking observed where smoking is prohibited by the Act.

200

-2

41

Observed Violations

Total # 1

Repeated # 0

37: Employee drink, phone stored on cutting board

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: BOBBY HOTEL ROOFTOP KITCHEN

Establishment Number : 605254698

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 drinking from an approved container which is stored properly.
- 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 food 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: No cooling observed
- 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 advisory for poke bowls
- 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.

***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: BOBBY HOTEL ROOFTOP KITCHEN

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Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

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Sources

Source Type:	Food	Source:	Creation gardens, Sysco, gfs
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Source Type:	Source:
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Source Type:	Source:
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Source Type:	Source:
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Source Type: _____ Source: _____

Additional Comments