



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

89

Establishment Name Batter's Box Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 43 Hermitage Ave. ☐ Temporary ☐ Seasonal
City Nashville Time in 11:10 AM AM / PM Time out 11:55 AM AM / PM
Inspection Date 04/01/2024 Establishment # 605224890 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 80

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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
	IN	OUT	NA	NO	Protection from Contamination																								
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food separated and protected										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	5				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5				
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>					
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<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"/>		<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"/>		<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"/>		<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.

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

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 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/01/2024 Signature of Environmental Health Specialist [Signature] Date 04/01/2024

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

Establishment Name: Batter's Box
Establishment Number #: 605224890

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.

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
3-compartment sink not set up			

Description	Temperature (Fahrenheit)
Preptable-cooler	38
Freezer	13
Fridge	42
Back fridge	42

Description	State of Food	Temperature (Fahrenheit)
Shredded lettuce on Preptable-cooler	Cold Holding	41
Pre-cooked sausage in Preptable-cooler	Cold Holding	40
Sour cream in fridge	Cold Holding	42
Chicken salad in back fridge	Cooling	37

Observed Violations

Total # 6

Repeated # 0

13: Raw shell eggs stored next to ready to eat food in fridge. CA: PIC notified to properly arrange unit prior to follow-up.

23: Menu does not display a consumer advisory with disclaimer asterisks. CA: PIC states menus on order.

39: Wet towel stored on prep table in kitchen.

43: Case of single service cups stored on floor in office storage.

53: Holes in ceiling in men's restroom.

53: Excessive paint peeling in side storage.

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Batter's Box

Establishment Number : 605224890

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Posted and reviewed.
- 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: Employees washing hands.
- 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: Food source(s) listed.
- 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.
- 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 performed.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: Not applicable.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Food temps listed.
- 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.
- 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: Batter's Box

Establishment Number : 605224890

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

Establishment Information

Establishment Name: Batter's Box

Establishment Number #: 605224890

Sources

Source Type:	Food	Source:	Kroger, ajax, lipman, pepe pizza
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Source Type:	Water	Source:	City
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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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Additional Comments

One customer observed with unlit cigar resting on ashtray at left side of bar.

One used ashtray with cigarette butt in office area.