### TENNESSEE DEPARTMENT OF HEALTH OD SERVICE ESTARI ISHMENT INSPECTION REPOR

						FOOD SER	VICE ESTA	BL	ISł	IMI	ENT	T IN	ISF	PEC	TI	ON REPORT	sco	RE		
Ŵ																				
Esta	blish	ment	t Nan		Crab Feve	er Main Bar										Farmer's Market Food Unit Ø Permanent O Mobile	10			
	Establishment Name 1907 West End Ave						_	Тур	e of E	Establi	shme	O Temporary O Seasonal	▏┹┻╺╲			/				
City					Nashville		Time ir	03	3:1	0 F	PM	41	1/P	и ти	na 01	ut 03:15; PM AM / PM				
	ectio	• Dv	to.		03/18/2	024 Establishmen					Emba	-			110 01	ut <u></u> /				
			spect		ORoutine	B Follow-up	O Complaint		_	_	elimin		-		Cor	nsultation/Other			_	
	Cate				SIR1	02	03			04		,				up Required O Yes 🕱 No	Number of S	ieats	34	
			isk F	act	ors are food p	preparation practice	and employee	beh	vior	s mo	st co	mm	only	repo	rtec	d to the Centers for Disease Cont control measures to prevent illn	trol and Preven	tion	_	
					one meening is											INTERVENTIONS	ess of injery.			
	in ee			lgne					ltem							ach liem as applicable. Deduct points for				
	in co	три	noe			pliance NA=not applicab pompliance Status	le NO=not observ		R			rected	a on-s	ne duni	ng ins	spection R=repeat (violation of th Compliance Status	ie same code provisi		R	WT
			NA	NO	Destas is share	Supervision	- Incudadas and		_			IN	ουτ	NA	NO	Cooking and Reheating of Time. Control For Safety (TCS)				
		0	NA	110	performs duties		÷ ·	0	0	5		8	0		-	Proper cooking time and temperatures		8	읽	5
2	X	0	NA	NO	Management ar	Employee Health nd food employee aware		0	0		"	IN	0	NA	NO	Proper reheating procedures for hot hok Ceoling and Holding, Date Markin		0	0	
		0			,	estriction and exclusion		0	0	5				NA		a Public Health Cont	rel	-	_	
4	<u>x</u> †	ত	NA	0	Proper eating, t	Good Hygienic Practi asting, drinking, or toba	cco use	0	0	5	18 19	0		英		Proper cooling time and temperature Proper hot holding temperatures		0	0	
	in (		NA	-		om eyes, nose, and more inting Contamination		0	0	-	20 21			X	0	Proper cold holding temperatures Proper date marking and disposition		8	8	5
		0			Hands clean an	d properly washed ontact with ready-to-eat		0	-	5	22		0	X	0	Time as a public health control: procedu	ires and records	0	0	
	e E	<u> </u>	0	0	alternate proces			0	0			_	OUT		NO	Consumer Advisory Consumer advisory provided for raw an			_	
	ÎN 家	OUT	NA	_		Approved Source from approved source			0	-	23	O IN	O OUT	XX NA	NO	food		0	0	4
10	0	0	0		Food received a	at proper temperature		0	0		24	0	0	20	no	Pasteurized foods used; prohibited food		0	0	5
11 12	_	0	×	0	Required record	ondition, safe, and unadi ds available: shell stock		0	0	5	-		_	NA	NO		S HOL GHEFEG	-	-	•
H	IN C	DUT	NA	-	destruction Pro	tection from Contam	ination				25	0	0	X		Food additives: approved and properly i	used		0	5
	<b>0</b> 送				Food separated Food-contact se	I and protected urfaces: cleaned and sar	nitized	8	00	4	26	<u>宗</u> IN		NA	NO	Toxic substances properly identified, sta Conformance with Approved		0	0	9
	_	0				ion of unsafe food, return		0	0	2	27	0	0	×		Compliance with variance, specialized p HACCP plan		0	0	5
				Goo	d Retail Prac	tices are preventiv	e measures to c	ontro	l the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical object	la into foods.			
				All			<u> </u>				L PR		ICE	8		8				
	_			00		mpliance Status	COS=com		R							R-repeat (violation of the sar Compliance Status	ne code provision)	COS	R	WT
2	8	0	Paste	eurize	Sat ed eggs used wh	fe Food and Water ere required			0		45	_	υτ D	ood ar	nd no	Utensils and Equipment enfood-contact surfaces cleanable, prope	rly designed,	0	0	
2					ice from approver the special of the	ved source cialized processing meth	ods	8	00	2	$\vdash$	+	- 0			and used			$\rightarrow$	
		DUT			Food	Temperature Control					46		_			ng facilities, installed, maintained, used, to Intact surfaces clean	est strips	0	0	1
3		~	contr	ol		sed; adequate equipmen	c for temperature	0	0	2		0	UT			Physical Facilities			-	
3					properly cooked thawing method			8	8	1	42	_				f water available; adequate pressure stalled; proper backflow devices			8	2
3	4				eters provided an			0	0	1	50	_				i waste water properly disposed es: properly constructed, supplied, cleane	ed.	0	8	2
3	-		Food	i prop		ginal container; required	records available	0	0	1	52	_				use properly disposed; facilities maintain		ō	ō	1
	-	OUT			Preventio	n of Feed Contamina	tion				53	5 0	o P	hysica	il faci	ilities installed, maintained, and clean		0	0	1
3	8	٥	Insec	ts, ro	dents, and anim	als not present		0	0	2	54	• •	0 A	dequa	te ve	entilation and lighting; designated areas u	sed	0	٥	1
3	7	٥	Cont	amina	ation prevented of	during food preparation,	storage & display	0	0	1		0	υτ			Administrative items				
3	-	-			leanliness	ed and stored		0	0	1	55			Sument fost re	pern cent	nit posted inspection posted		0	0	0
4	)			- N	ruits and vegetal	bles			0			-	_			Compliance Status Non-Smokers Protection		YES		WT
4	1	0			nsils; properly st				0		57	<u>_</u>				with TN Non-Smoker Protection Act	Act	X	의	
4	3	0	Singl	e-use	single-service a	nens; properly stored, dr articles; properly stored,	used		0	1	58 58					oducts offered for sale roducts are sold, NSPA survey complete	d	0	00	0
i 4	_	U	GIÓW		ed properly				0				A.L.A.		- Lorenza	Repaired signation of an interaction state in the	a manage and a state of the state of	-		-
E arte					discount of sink factor	or items within two dates of			e vou	1000	SHEVICE		ALC: NOT THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE		COLUMN A	resperance workeron or an identical risk facto				
servi	re to ce es	corre	hmen	t perm	nit. Items identified		health hazards shall b	e corre	ected i		iately o	or ope	ration	ns shall	ceas	e. You are required to post the food service	establishment permit	t in a c		of this
servi mare	re to ce esi ver an	corre tablis d por	hmen st the	t perm most	nit. Items identified recent inspection	d as constituting imminent	health hazards shall b anner. You have the rig	e corre pht to r	ected i		iately o	or ope	ration	ns shall	ceas		establishment permit	t in a c		of this
servi man repo	re to ce esi ter an t. T.(	corre tablis d por C.A. s	Amen st the rection		nit. Items identifier recent inspection 14-703 08-11-709	d as constituting imminent report in a conspicuous m	health hazards shall b anner. You have the rig	e corre pt to r 16, 4-5	eques -320.	t a he	iately o	or ope	ration	ns shall	ceas	e. You are required to post the food service filing a written request with the Commissione	establishment permit r within ten (10) days	of the	date 8/2	2024
servi man repo	re to ce esi ter an t. T.(	corre tablis d por C.A. s	Amen st the rection		hit. Items identifier recent inspection 14-703 (14-14-70) Charge	d as constituting imminent report in a conspicuous m 68-14-708, 68-14-709, 68-14	bealth hazards shall b anner. You have the rij 711, 68-14-715, 68-14-7 03/:	18/2	2024	4 Date	sig	/ natu	re of	A		e. You are required to post the food service	establishment permit r within ten (10) days	of the	date 8/2	

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

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



## Establishment Information

. .

Establishment Name: Crab Fever Main Bar Establishment Number #: 605317784

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)							

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

ecoription	State of Food	Temperature ( Fahrenheit

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Crab Fever Main Bar Establishment Number : 605317784

omments/Other Observations	

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: Crab Fever Main Bar Establishment Number: 605317784

Comments/Other Observations (cont'd)

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

#### Establishment Information

Establishment Name: Crab Fever Main Bar Establishment Number #. 605317784

Sources		
Source Type:	Source:	

# Additional Comments