

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Titans Press Box @ BNA Bar Permanent O Mobile Establishment Name Type of Establishment 1 Terminal Dr O Temporary O Seasonal Address Nashville Time in 03:00 PM AM / PM Time out 03:05: PM AM / PM City 03/22/2024 Establishment # 605321586 Embargoed 0 Inspection Date 日本 Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

О3

Number of Seats 0

Follow-up Required

							_		
IN	in ¢	ompli	ance		OUT=not in compliance NA=not applicable NO=not observ			CC	
_					Compliance Status	cos	R	WT	
	IN	OUT	NA	NO	Supervisien				
1	鼷	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	
	IN	OUT	NA	NO	Employee Health				
2	-340	0			Management and food employee awareness; reporting	0	0	_	
3	×	0			Proper use of restriction and exclusion	0	0	5	
	IN	OUT	NA	NO	Good Hygienic Practices	$\top$			
4	<b>X</b>	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	۰	
	IN	OUT	NA	NO	Preventing Contamination by Hands				
6	100	0		0	Hands clean and properly washed	0	0		
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	
8	X	0			Handwashing sinks properly supplied and accessible	0	0	2	
	IN	OUT	NA	NO	Approved Source				
9	×	0			Food obtained from approved source	0	0	$\Box$	
10	0	0	0	38	Food received at proper temperature	0	0		
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT	NA	NO	Protection from Contamination				
13	0	0	1		Food separated and protected	0	0	4	
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	
15	338	0			Proper disposition of unsafe food, returned food not re-	0	О	2	

Compliance Status								WT
	IN	OUT	OUT NA NO Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	200	0	Proper reheating procedures for hot holding	0	0	Ľ
	IN	оит	NA	NO	coling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	×	0	Proper cooling time and temperature	0	0	
19	0	0	文	0	Proper hot holding temperatures	0	0	1 1
20	243	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	200	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	300		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	Ľ
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

### s, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori			_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	
30	0	Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	r
33	0	Approved thawing methods used	0	0	7
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	ŀ
38	0	Personal cleanliness	0	0	г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	'
	OUT	Proper Use of Utensils			Π
41	0	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0		0	0	r
-					

pecti	on	R-repeat (violation of the same code provision		_	
		Compliance Status	cos	R	W
	OUT	Utensils and Equipment	_	_	_
45	<ul> <li>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used</li> </ul>		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		0	0	-
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	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	'
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a (10) days of the date of the

03/22/2024

03/22/2024

Signature of Person In Charge

Date

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

Date

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



Establishment Information								
Establishment Name: Titans Press Box @ BNA Bar								
Establishment Number #: 605321586								
NSPA Survey - To be completed if								
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.								
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable for	m of identification.					
"No Smoking" signs or the international "Non-Si	moking" symbol are not cons	picuously posted at ever	y entrance.					
Garage type doors in non-enclosed areas are n	ot completely open.							
Tents or awnings with removable sides or vents	in non-enclosed areas are r	not completely removed o	or open.					
Smoke from non-enclosed areas is inflitrating in	nto areas where smoking is p	rohibited.						
Smoking observed where smoking is prohibited	by the Act.							
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fai	renhelt)				
		•						
Equipment Temperature								
Description			Temperature (Fah	renhelt)				
L			-					
Food Temperature								
Description		State of Food	Temperature ( Fah	renhelt)				
I								

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



Establishment Information					
Establishment Name:	Titans Press Box @ BNA Bar				
Establishment Number	605321586				

Comments/Other Observations	
Comments/Other Observations  1: 2: 3: 4: 5: 6: 7: 8: Ca no items stored by hand sink 9: 10: (NO): No food received during inspection. 11: (IN) All food was in good, sound condition at time of inspection. 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: 58:	
2:	
3:	
4: 	
5: 6:	
0.  7∙	
8: Ca no items stored by hand sink	
9:	
10: (NO): No food received during inspection.	
11: (IN) All food was in good, sound condition at time of inspection.	
12: 12:	
13. 1 <i>1</i> .	
15:	
<b>16</b> :	
17:	
18:	
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20. 21·	
22:	
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24:	
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26: 27.	
∠≀. 57·	
58:	

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Titans Press Box @ BNA Bar			
Establishment Number: 6	)5321586		
Comments/Other Obse	vations (cont'd)		
1.00	- 4.0		
Additional Comments (			
See last page for a	additional comments.		

Establishment Information

Establishment Name: Titans Press Box @ BNA Bar					
Establishment Number #: 605321586	1				
Sources					
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Source Type:	Source:				
Additional Comments					

Establishment Information