

Establishment Name

Purpose of Inspection

Risk Category

PH-2267 (Rev. 6-15)

## TENNESSEE DEPARTMENT OF HEAL FOOD SERVICE

| SEE DEPAKIMENI       | OF HEALIH  |        |
|----------------------|------------|--------|
| <b>ESTABLISHMENT</b> | INSPECTION | REPORT |

O Farmer's Market Food Unit

O Temporary O Seasonal

Type of Establishment

Permanent O Mobile

Address

City

400 11th S. Ave. Nashville

**Pub Nashville** 

Time in 02:30 PM AM / PM Time out 02:45; PM AM / PM

SCORE

04/17/2024 Establishment # 605229576 Inspection Date

> ∰ Follow-up Routine

O Complaint

О3

O Preliminary

Embargoed 0

O Consultation/Other Follow-up Required

O Yes 疑 No

Number of Seats 225

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | ¥=in c                    | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed  |   | C |
|----|---------------------------|-------|------|----|-------------------------------------------------------------------------------------------|-----|---|---|
|    |                           |       |      |    | Compliance Status                                                                         | cos | R | W |
|    | IN                        | OUT   | NA   | NO | Supervision                                                                               |     |   |   |
| 1  | 盔                         | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5 |
|    | 25.25                     | OUT   | NA   | NO | Employee Health                                                                           |     |   |   |
| 2  | $\mathbb{R}^{\mathbb{C}}$ | 0     |      |    | Management and food employee awareness; reporting                                         | 0   | 0 | П |
| 3  | 寒                         | 0     |      |    | Proper use of restriction and exclusion                                                   | 0   | 0 | 5 |
|    | IN                        | OUT   | NA   | NO | Good Hygienic Practices                                                                   |     |   |   |
| 4  | X                         | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use                                          | 0   | 0 | 5 |
| 5  | *                         | 0     |      | 0  | No discharge from eyes, nose, and mouth                                                   | 0   | 0 | 0 |
|    | IN                        | OUT   | NA   |    | 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<br>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  | 嵩                         | 0     |      |    | Food obtained from approved source                                                        | 0   | 0 | П |
| 10 | ×                         | 0     | 0    | 0  | 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<br>destruction                     | 0   | 0 |   |
|    | IN                        | OUT   | NA   | NO | Protection from Contamination                                                             |     |   |   |
| 13 | 黛                         | 0     | 0    |    | Food separated and protected                                                              | 0   | 0 | 4 |
| 14 | ×                         | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized                                              | 0   | 0 | 5 |
| 15 | ×                         | 0     |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2 |

|    |     |     |    |    | Compliance Status                                                           | cos | R | WT |
|----|-----|-----|----|----|-----------------------------------------------------------------------------|-----|---|----|
|    | IN  | OUT | NA | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 |     |     | 0  | 0  | Proper cooking time and temperatures                                        | 0   | 0 | 5  |
| 17 | *   | 0   | 0  | 0  | Proper reheating procedures for hot holding                                 | 0   | 0 | ٠  |
|    | IN  | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | ×   | 0   | 0  | 0  | Proper cooling time and temperature                                         | 0   | 0 |    |
| 19 | ×   | 0   | 0  | 0  | Proper hot holding temperatures                                             | 0   | 0 |    |
| 20 | 243 | 0   | 0  |    | Proper cold holding temperatures                                            | 0   | 0 | 5  |
| 21 | 250 | 0   | 0  | 0  | Proper date marking and disposition                                         | 0   | 0 |    |
| 22 | 0   | 0   | 0  | 氮  | Time as a public health control: procedures and records                     | 0   | 0 |    |
|    | IN  | OUT | NA | NO | Consumer Advisory                                                           |     |   |    |
| 23 | 0.0 | 0   | 0  |    | Consumer advisory provided for raw and undercooked<br>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  | оит | NA | NO | Chemicals                                                                   |     |   |    |
| 25 | 0   | 0   | X  |    | 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 | Conformance with Approved Procedures                                        |     |   |    |
| 27 | 0   | 0   | ×  |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

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

L PRACTICES

|    |     |                                                                            | GOO |   |    |
|----|-----|----------------------------------------------------------------------------|-----|---|----|
|    |     | OUT=not in compliance COS=corr                                             | _   | _ | _  |
|    |     | Compliance Status                                                          | cos | R | WT |
|    | OUT | Caro i con amo i i mon                                                     |     |   | _  |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 | 1  |
| 29 | 0   | Water and ice from approved source                                         | 0   | 0 | 2  |
| 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<br>control | 0   | 0 | 2  |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | 1  |
| 33 | 0   | Approved thawing methods used                                              | 0   | 0 | 1  |
| 34 | 0   | Thermometers provided and accurate                                         | 0   | 0 | 1  |
|    | OUT | Food Identification                                                        |     |   |    |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 | 1  |
|    | OUT | Prevention of Feed Contamination                                           |     |   |    |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | 2  |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1  |
| 38 | 0   | Personal cleanliness                                                       | 0   | 0 | 1  |
| 39 | 188 | Wiping cloths; properly used and stored                                    | 0   | 0 | 1  |
| 40 | 0   | Washing fruits and vegetables                                              | 0   | 0 | 1  |
|    | OUT | Proper Use of Utensils                                                     |     |   |    |
| 41 | 0   | In-use utensils; properly stored                                           | 0   | 0 | 1  |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | 1  |
| 43 | 13% | Single-use/single-service articles; properly stored, used                  | 0   | 0 | 1  |
| 44 | 0   | Gloves used properly                                                       | 0   | 0 | 1  |

|    |     | Compliance Status                                                                        | COS | I. | W   |
|----|-----|------------------------------------------------------------------------------------------|-----|----|-----|
|    | OUT | Utensils and Equipment                                                                   | -   | _  |     |
| 45 | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0  | _   |
| 46 | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0   | 0  |     |
| 47 | 0   | Nonfood-contact surfaces clean                                                           | 0   | 0  |     |
|    | OUT | Physical Facilities                                                                      |     |    |     |
| 48 | 0   | Hot and cold water available; adequate pressure                                          | 0   | 0  |     |
| 49 | 0   | Plumbing installed; proper backflow devices                                              | 0   | 0  |     |
| 50 | 0   | Sewage and waste water properly disposed                                                 | 0   | 0  |     |
| 51 | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0   | 0  |     |
| 52 | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  |     |
| 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  | Г   |
| 56 | 0   | Most recent inspection posted                                                            | 0   | 0  |     |
|    |     | Compliance Status                                                                        | YES | NO | ٧   |
|    |     | Non-Smokers Protection Act                                                               |     |    |     |
| 57 |     | Compliance with TN Non-Smoker Protection Act                                             | - X | 0  |     |
| 58 |     | Tobacco products offered for sale                                                        | 0   | 0  | ١ ا |
| 59 |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |     |

conspicuous manner. You have the right to request a h 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. in (10) days of the date of the

04/17/2024

04/17/2024

Signature of Person In Charge \*\*\*\* 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. ) 6153405620 Please call ( to sign-up for a class.

RDA 629

Date

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



| Establishment Information                                                                  |                                 |                               |                         |          |
|--------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|-------------------------|----------|
| Establishment Name: Pub Nashville                                                          |                                 |                               |                         |          |
| Establishment Number # 605229576                                                           |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
| NSPA Survey - To be completed if                                                           |                                 |                               |                         |          |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. | trict access to its buildings o | or facilities at all times to | persons who are         |          |
| Age-restricted venue does not require each per                                             | rson attempting to gain entr    | y to submit acceptable f      | form of identification. |          |
| "No Smoking" signs or the international "Non-S                                             | moking" symbol are not con      | rspicuously posted at ex      | very entrance.          |          |
| Garage type doors in non-enclosed areas are r                                              | not completely open.            |                               |                         |          |
| Tents or awnings with removable sides or vents                                             | s in non-enclosed areas are     | not completely remove         | d or open.              |          |
| Smoke from non-enclosed areas is infiltrating in                                           | nto areas where smoking is      | prohibited.                   |                         |          |
| Smoking observed where smoking is prohibited                                               | i by the Act.                   |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
| Warewashing Info                                                                           |                                 |                               |                         |          |
| Machine Name                                                                               | Sanitizer Type                  | PPM                           | Temperature ( Fai       | renhelt) |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               | _                       |          |
| Equipment Temperature                                                                      |                                 |                               |                         |          |
| Description                                                                                |                                 |                               | Temperature ( Fah       | renhelt) |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
|                                                                                            |                                 |                               |                         |          |
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|                                                                                            |                                 |                               |                         |          |
| Food Temperature                                                                           |                                 |                               |                         |          |
| Description                                                                                |                                 | State of Food                 | Temperature ( Fah       | renhelf) |
| Doubliption                                                                                |                                 | Ciaio di Foda                 | Tomporatare (Tan        | ounion,  |
|                                                                                            |                                 |                               |                         |          |
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| Observed Violations                                                                                 |  |
|-----------------------------------------------------------------------------------------------------|--|
| otal # 2<br>depeated # 0                                                                            |  |
| lepeated# ()                                                                                        |  |
| 9:                                                                                                  |  |
| 3:                                                                                                  |  |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information

Establishment Name: Pub Nashville



| Comments/Other Observations                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Johnnents/Outer Observations                                                                                                                 |  |
| ):                                                                                                                                           |  |
| Comments/Other Observations  O:  I: (IN) All food was in good, sound condition at time of inspection.  O:  O:  O:  O:  O:  O:  O:  O:  O:  O |  |
| 7:<br>7:<br>3:                                                                                                                               |  |
|                                                                                                                                              |  |
|                                                                                                                                              |  |

## Additional Comments

See last page for additional comments.

<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: Pub Nashville Establishment Number: 605229576                                   | Establishment Information              |  |
|-----------------------------------------------------------------------------------------------------|----------------------------------------|--|
| Establishment Number: 605229576  Comments/Other Observations (cont'd)  Additional Comments (cont'd) | Establishment Name: Pub Nashville      |  |
| Additional Comments (cont'd)                                                                        | Establishment Number: 605229576        |  |
| Additional Comments (cont'd)                                                                        |                                        |  |
| Additional Comments (cont'd)                                                                        | Comments/Other Observations (cont'd)   |  |
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|                                                                                                     | Additional Comments (cont'd)           |  |
| See last page for additional comments.                                                              |                                        |  |
|                                                                                                     | See last page for additional comments. |  |
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| Establishment Information                    |         |
|----------------------------------------------|---------|
| Establishment Name: Pub Nashville            |         |
| Establishment Number #: 605229576            |         |
| Sources                                      |         |
| Source Type:                                 | Source: |
| Additional Comments                          |         |
| All critical violations have been corrected. |         |
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