

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Follow-up Required

O Yes 疑 No

SCORE

Number of Seats 57

O Farmer's Market Food Unit Chief's Tavern Level 1 Bar Permanent O Mobile Establishment Name Type of Establishment 200 Broadway O Temporary O Seasonal Address Nashville Time in 03:05 PM AM / PM Time out 03:10: PM AM / PM City 04/08/2024 Establishment # 605324005 Embargoed 0 Inspection Date 日本 Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

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# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IN, OUT, NA, NO) for

| 12 | ¥=in ¢ | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | ed                                |   | Ö  |
|----|--------|-------|------|----|---|-----------------------------------|---|----|
|    |        |       |      |    | Compliance Status   | cos                               | R | WT |
|    | IN     | OUT   | NA   | NO | Supervision   |                                   |   |    |
| 1  | ×      | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0                                 | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Employee Health   |                                   |   |    |
| 2  | ЭX     | 0     |      |    | Management and food employee awareness; reporting   | 0                                 | 0 |    |
| 3  | 寒      | 0     |      |    | Proper use of restriction and exclusion   | 0                                 | 0 | 5  |
|    | IN     | OUT   | NA   | NO | Good Hygienic Practices   |                                   |   |    |
| 4  | 30     | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0                                 | 0 | -  |
| 5  | 黨      | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0                                 | 0 | 0  |
|    | IN     | OUT   | NA   | NO | Preventing Contamination by Hands   | Preventing Contamination by Hands |   |    |
| 6  | 100    | 0     |      | 0  | Hands clean and properly washed   | 0                                 | 0 |    |
| 7  | 鼷      | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0                                 | 0 | 5  |
| 8  | 100    | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0                                 | 0 | 2  |
|    | IN     | OUT   | NA   | NO | Approved Source   |                                   |   |    |
| 9  | 黨      | 0     |      |    | Food obtained from approved source  | 0                                 | 0 |    |
| 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-                                  | 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   | 寒   | 0  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0  | 0   | 300 | 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   | X   | 0  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | 0  | 0   | 文   | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | _  | 0   | 200 |    | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | 0  | 0   | 386 | 0  | 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<br>food                  | 0   | 0 | 4  |
|    | IN | OUT | NA  | NO | Highly Susceptible Populations  |     |   |    |
| 24 | 0  | 0   | ×   |    | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|    | IN | OUT | NA  | NO | Chemicals   |     |   |    |
| 25 |    | 0   | 3%  |    | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 黨  | 0   |     |    | Toxic substances properly identified, stored, used                          | 0   | 0 | ,  |
|    | IN | OUT | NA  | NO | Conformance with Approved Procedures  |     |   |    |
| 27 | 0  | 0   | ×   |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

#### trol the introduction of patho s, chemicals, and physical objects into foods.

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|----|-----|--|---------------|---|---|
|    |     | OUT=not in compliance COS=com Compliance Status                            | COS           |   | _ |
|    | OUT |  | 000           | K |   |
| 28 | 0   |  | 0             |   |   |
| 29 | 18  | Pasteurized eggs used where required Water and ice from approved source    | _             | 2 | _ |
| 30 | 18  | Variance obtained for specialized processing methods                       | 8             | 8 | F |
| 30 | OUT | Food Temperature Control   |               | 0 | _ |
|    | 001 |  | _             |   | _ |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0             | 0 | 1 |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0             | 0 | Г |
| 33 | 0   | Approved thawing methods used  | 0             | 0 | Г |
| 34 | 0   | Thermometers provided and accurate   | 0             | 0 | Г |
|    | OUT | Food Identification  |               |   |   |
| 35 | 0   | Food properly labeled; original container; required records available      | 0             | 0 |   |
|    | OUT | Prevention of Food Contamination   |               |   |   |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0             | 0 |   |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0             | 0 |   |
| 38 | 0   | Personal cleanliness   | 0             | 0 | Г |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0             | 0 | Г |
| 40 | 0   | Washing fruits and vegetables  | 0             | 0 | Г |
|    | OUT | Proper Use of Utensils   | $\overline{}$ |   | Т |
| 41 | 0   | in-use utensils; properly stored   | 0             | 0 | Г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled            | 0             | 0 | Г |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0             | 0 | Т |
| 44 |     | Gloves used properly   | 0             | 0 | - |

Signature of Person In Charge

| rspect                  | ion | R-repeat (violation of the same code provision   | )   |    |    |
|-------------------------|-----|--|-----|----|----|
|                         |     | Compliance Status  | COS | R  | WT |
|                         | OUT | Utensiis and Equipment   |     |    |    |
| 45                      | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 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   | Hot and cold water available; adequate pressure  | 0   | 0  | 2  |
| 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  | 1  |
| 52                      | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0   | 0  | 1  |
| 53                      | 0   | Physical facilities installed, maintained, and clean                                     | 0   | 0  | 1  |
| 54                      | 0   | Adequate ventilation and lighting; designated areas used                                 | 0   | 0  | 1  |
|                         | OUT | Administrative Items   | Т   |    |    |
| 55                      | 0   | Current permit posted  | 0   | 0  | 0  |
| 56                      | 0   | Most recent inspection posted  | 0   | 0  |    |
| $\Box$                  |     | Compliance Status  | YES | NO | WT |
|                         |     | Non-Smokers Protection Act   |     |    |    |
| 57                      |     | Compliance with TN Non-Smoker Protection Act   | 0   |    |    |
| 58                      |     | Tobacco products offered for sale  | 0   | 0  | 0  |
| 59                      |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |    |

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

04/08/2024

Date Signature of Environmental Health Specialist

04/08/2024 Date

\*\*\*\* 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. PH-2267 (Rev. 6-15) RDA 629 ) 6153405620 Please call ( to sign-up for a class.

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



| Establishment Information  |                               |                           |                      |          |  |  |  |
|--|-------------------------------|---------------------------|----------------------|----------|--|--|--|
| Establishment Name: Chief's Tavern Level 1 Bar   |                               |                           |                      |          |  |  |  |
| Establishment Number #:  605324005   |                               |                           |                      |          |  |  |  |
|  |                               |                           |                      |          |  |  |  |
| NSPA Survey - To be completed if   |                               |                           |                      |          |  |  |  |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. |                               |                           |                      |          |  |  |  |
| Age-restricted venue does not require each per   | son attempting to gain entry  | to submit acceptable form | n of identification. |          |  |  |  |
| "No Smoking" signs or the international "Non-S   | moking" symbol are not cons   | picuously posted at every | entrance.            |          |  |  |  |
| Garage type doors in non-enclosed areas are n  | not completely open.          |                           |                      |          |  |  |  |
| Tents or awnings with removable sides or vents   | s in non-enclosed areas are r | not completely removed o  | r open.              |          |  |  |  |
| Smoke from non-enclosed areas is infiltrating 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 ( Fah    | renhelt) |  |  |  |
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| Fi   |                               |                           |                      |          |  |  |  |
| Equipment Temperature  |                               |                           | 1                    |          |  |  |  |
| Description  |                               |                           | Temperature ( Fah    | renneit) |  |  |  |
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| Food Temperature   |                               |                           |                      |          |  |  |  |
| Description  |                               | State of Food             | Temperature ( Fah    | renheit) |  |  |  |
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| Observed Violations   |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: Chief's Tavern Level 1 Bar   |  |
|--|--|
| Establishment Number: 605324005  |  |
|  |  |
| Comments/Other Observations  |  |
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| Establishment Name: Chief's Tavern Level 1 Bar Establishment Number: 605324005 |  |  |  |  |
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| Comments/Other Observations (cont'd)   |  |  |  |  |
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Establishment Information

| Establishment Information                      |  |  |  |  |  |  |
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| Establishment Name: Chief's Tavern Level 1 Bar |  |  |  |  |  |  |
| Establishment Number #: 605324005              | il and the second secon |  |  |  |  |  |
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