TENNESSEE DEPARTMENT OF HEALTH VICE ESTABLISHMENT INSPEC

| Station . | | | J | | | FOOD SE | RVICE EST | BL | ISI | HM | EN' | ГШ | NS | PEC | TI | ON REPORT | SCO | RE | | |
|-----------|--|--------|----------|---|---------------------------------|--|-------------------------|--------------|----------------|------------|---------------|-------------|---------------|----------|--------|--|-----------------------------------|--|----------|--|
| N. | | 744 | C. T. | | | | | | | | | | | | | O Farmer's Market Food Unit | | (| | |
| Est | abis | hmer | rt Nar | me | | | | | | | | Typ | pe of | Establ | ishme | ent O Mobile | M | | 1 | 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Adx | iress | | | | 151 5T⊦ | I AVE NORTH | | | | | | | | | | O Temporary O Seasonal | | COS R WT ICOS ICOS ICOS ICOS ICOS | | |
| City | , | | | | Nashville | e | Time in | n <u>O</u> : | 1:3 | 85 F | PM | _ A | M/P | M Ti | me o | ut 01:45; PM _ АМ/РМ | | | | |
| Ins | tablishment Name CORNER PUB DOWNTOWN BAR Type of Establishment If Permanent OMbbile dress 151 5TH AVE NORTH O Temporary O Seasonal y Nashville Time in 01:35 PM AM / PM Time out 01:45; PM AM / PM pecton Date 04/01/2024 Establishment # 605261621 Embargoed 0 proce of Inspection 0 Routine Import Poly 0 Complaint 0 Preliminary 0 Consultation/Other k2 Category Import Poly 0 2 03 04 Follow-up Required 0 Yes IM No No Risk Factors are food preparation practices and employee behaviores moot commonly reported to the Centers for Disease Control and as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness outbreaks. Public Health Interventions are control measures to prevent illness outbreaks. In out NA No Compliance Status Nonot observed COS-controld on-site during ingector Reveat violation of the sense of Compliance Status In out NA No Septendem violation O is performs duties Nonot observed COS-controld on-site during ingector Reveating of Time/Temper In out NA No Good Proper eatin, demonstrat | | | | | | | | | | | | | | | | | | | |
| Pur | pose | of In | spec | tion | - | | | | | | | | | | Co | nsuitation/Other | | | | |
| Ris | k Cat | tegor | у | | 261 | 02 | 03 | | | O 4 | | | | Fo | -wollo | up Required O Yes 🕱 No | Number of Se | eats | 0 | |
| Г | | R | isk | as | tors are foo | preparation practic | e illness outbreat | beh s. F | avio: Publi | rs ma | ost c alth | omn Inte | noni; rven | y repo | are | d to the Centers for Disease Cont control measures to prevent illn | rol and Prevent ass or injury. | ion | | |
| | | | | | | FOODB | ORNE ILLNESS RI | ISK F | ACT | ORS | AND | PU | BLIC | HEA | штн | INTERVENTIONS | | | | |
| | tein c | | | nglen | | | | | item: | | | | | | | | | | | |
| Ē | enc | unps | ance | _ | | | ove NO-Hot coserv | | R | | ĨĒ | recie | | she dur | ng ini | Compliance Status | | | R | WT |
| Щ | | | NA | NO | | | the ocheway | | | _ | | IN | 001 | NA | NO | | | | | |
| 1 | | | NA | NO | performs dut | ies | | 0 | 0 | 5 | 16 | 12 | | | | | 603 | 0 | <u> </u> | 5 |
| 2 | | | NA | NO | | | | 0 | 0 | | 11 | | | | | Cooling and Heiding, Date Marking | | - | | |
| 3 | _ | | | | | | | 0 | 0 | Ľ | | | | | | a Public Health Contr | lo | - | - | |
| 4 | IN XX | | NA | | | | | 0 | 0 | | | 1 0 0 | | | | | | 응 | 읭 | |
| 5 | | 0 | | 0 | No discharge | from eyes, nose, and m | outh | | | | 20 | 25 | 0 | 0 | | Proper cold holding temperatures | | 0 | 0 | 5 |
| 6 | | | NA | | | | n by Hands | 0 | 0 | | | _ | - | - | | | | _ | | |
| Ť | _ | | 0 | _ | No bare han | d contact with ready-to-ea | at foods or approved | _ | _ | 5 | 22 | | | | - | | res and records | 0 | 0 | |
| 8 | | | - | - | | | and accessible | | | 2 | | _ | _ | _ | NO | | t undercooked | - | _ | |
| | IN | OUT | NA | NO | | Approved Source | | | _ | _ | 23 | | | | | food | | 0 | 0 | 4 |
| 9 | | | 0 | 0 | | | | | | | IF | _ | - | - | NO | Highly Susceptible Popula | rtions | _ | _ | |
| 11 | x | ŏ | - | | Food in good | condition, safe, and una | | ŏ | | 5 | 24 | 1 | 0 | 0 | | Pasteurized foods used; prohibited food | s not offered | 0 | 0 | 5 |
| 12 | 麗 | 0 | 0 | 0 | Required rec destruction | ords available: shell stoci | k tags, parasite | 0 | 0 | 1 | | IN | ουτ | NA | NO | Chemicais | | | | |
| | | | NA | NO | | rotection from Conta | mination | | - | | 25 | 13 | 0 | 0 | | Food additives: approved and properly u | sed | | | |
| | | 0 | | | | ted and protected | and in a d | _ | 0 | _ | 26 | - | 0 | | | Toxic substances properly identified, sto | | 0 | 0 | • |
| | × | | 0 | J. | | t surfaces: cleaned and s sition of unsafe food, retu | | 0 | + | | | IN | 001 | _ | NO | Conformance with Approved I Compliance with variance, specialized p | | - | | |
| 15 | × | 0 | | | served | | | 0 | 0 | 2 | 27 | 12 | 0 | 0 | | HACCP plan | | 0 | 0 | 5 |
| | | | | Go | od Retail Pr | actices are preventi | ve measures to c | ontro | d the | e inti | oduc | tion | ı of p | patho | geni | s, chemicals, and physical object | s into foods. | | | |
| | | | | | | | 668 | | | | IL PR | | | 5 | | R-repeat (violation of the san | | | | |
| | | | | | JT=not in compl | Compliance Status | COS=com | | | WT | | steon | | | | Compliance Status | | COS | R | WT |
| | 10 | OUT | | | | Safe Food and Water | | | | | | | NUT (| | | Utensils and Equipment | to decion of | _ | | |
| | 8 9 | 8 | Wate | er an | d ice from app | where required roved source | | 8 | 0 | 2 | 4 | 5 | | | | onfood-contact surfaces cleanable, prope , and used | ny designed, | 0 | 0 | 1 |
| | 0 | 0 | Varia | | obtained for sp | pecialized processing me | | 0 | 0 | 1 | 4 | 6 | 0 | Narew | ashin | ng facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| F | | OUT | _ | er ce | | d Temperature Contro used; adequate equipme | | 1.0 | L. | | | 7 | 0 | Vonfoo | d-cor | ntact surfaces clean | | - | 0 | 1 |
| 1 | И | 0 | cont | | | anea, anequire equipmi | in ter en iperenere | 0 | | 2 | | 0 | TUC | | | Physical Facilities | | | | |
| | 2 | | | | | ed for hot holding | | | 0 | | | _ | - | | | d water available; adequate pressure | | | | |
| | 13 14 | 0 | <u> </u> | | thawing meth eters provided | | | 0 | | 1 | 4 | | | | | stalled; proper backflow devices d waste water properly disposed | | | | |
| Ľ | - | OUT | | | ieters provided | Food Identification | | | | | | | | | | es: properly constructed, supplied, cleane | d | | | |
| : | 5 | 0 | Food | d proj | perly labeled; o | original container; require | d records available | 0 | 0 | 1 | 5 | 2 | 0 | Sarbaç | e/ref | fuse properly disposed; facilities maintaine | id bi | 0 | 0 | 1 |
| | | OUT | | | Preven | tion of Feed Contamin | ation | | | | 5 | 3 2 | | Physica | al fac | ilities installed, maintained, and clean | | 0 | 0 | 1 |
| : | 6 | 0 | Inse | cts, r | odents, and an | imals not present | | 0 | 0 | 2 | 5 | 4 | o / | Adequa | ste ve | entilation and lighting; designated areas u | sed | 0 | 0 | 1 |
| 1 | 17 | 0 | Cont | tamir | ation prevente | d during food preparation | n, storage & display | 0 | 0 | 1 | | 0 | TUK | | | Administrative Items | | | | |
| | 8 | - | | | cleanliness | | | 0 | | 1 | | _ | | | - | mit posted | | 0 | 0 | 0 |
| | 9 | | | | | used and stored | | 0 | | | 5 | 6 | 0 | vlost re | ecent | inspection posted | | | | WT |
| F, | 0 | OUT | | ng | fruits and veg | racies roper Use of Utensils | | 0 | 0 | 1 | | | | | | Compliance Status Non-Smokers Protection | | 165 | NO | WI |
| | 11 | 0 | in-us | | ensils; properly | stored | | | 0 | | 5 | | | | | with TN Non-Smoker Protection Act | | 25 | 0 | |
| | 2 | | | | | illinens; properly stored, o | | 8 | | | 5 | 8 | | | | oducts offered for sale | | 0 | 0 | 0 |
| | 13 14 | | | | e/single-servic sed properly | e articles; properly stored | 2, USEC | | 8 | | Ľ | 9 | 1 | 10080 | co pr | roducts are sold, NSPA survey completed | | 0 | | |
| E all | are to | | | | | ctor items within ten 440 d | we may result to surger | | | | seni | | abilit | mente | ermit | Repeated violation of an identical sisk faster | may result to resource | tion - | of were | ar forse |
| serv | ice e | stabli | shmer | t any violations of risk factor items within ten (10) days may result in revocation of your food service establishment permit. Repeated violation of an identifical risk factor may result in revocation of your food ment 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 the right to request a hearing report by filing a written request with the Commissioner within ten (10) days of the date of this the most recent inspection report in a conspicuous manner. You have the right to request a hearing reparding this report by filing a written request with the Commissioner within ten (10) days of this date of this | | | | | | | | | | | | | | | | |

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. ~ 04/01/2024 m ΊΥ Dat

Signature of Person In Charge

Date Signature of Environmental Health Specialis

04/01/2024

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

| PH-2267 (Rev. 6-15) | Free food safety training cla | sses are available each mor | th at the county health department. | RDA 629 |
|---------------------|-------------------------------|-----------------------------|-------------------------------------|---------|
| (Net. 0-15) | Please call (|) 6153405620 | to sign-up for a class. | nur des |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: CORNER PUB DOWNTOWN BAR Establishment Number #: 605261621

| Warewashing Info | | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | | |
| Low temp washer | Chlorine | 50 | | | | | | | | | |

| Equipment l'emperature | |
|------------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
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| Food Temperature | State of Food | Temperature (Fahrenheit |
|------------------|---------------|--------------------------|
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| Observed Violations |
|---------------------------|
| Total # 1 Repeated # 0 |
| Repeated # 0 |
| 53: |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: CORNER PUB DOWNTOWN BAR Establishment Number : 605261621

| Comments/Other Observations | | |
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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: CORNER PUB DOWNTOWN BAR Establishment Number: 605261621

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: CORNER PUB DOWNTOWN BAR Establishment Number # 605261621

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments

Dish machine is dispensing appropriate concentration of sanitizer. See warewashing info.