



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

Aug 11, 2025

Date

7/31/25

No. of Risk Factor/Intervention Violations

4

Time In

10:15 am

Time Out

11:20 am

No. of Repeat Risk Factor/Intervention Violations

0

Establishment <i>Artist Colony</i>	Address <i>105 N. VanBuren</i>	City/State <i>Nashville TN</i>	Zip Code <i>37448</i>	Telephone <i>615-988-7600</i>
License/Permit # <i>N/A</i>	Permit Holder <i>AC Hotel, Inc</i>	Purpose of Inspection <i>Routine</i>	Est. Type <i>Full</i>	Risk Category <i>3</i>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R
Supervision			
1	IN OUT N/A N/O Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O Certified Food Protection Manager		
Employee Health			
3	IN OUT N/A N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O Proper use of restriction and exclusion		
5	IN OUT N/A N/O Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices			
6	IN OUT N/A N/O Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands			
8	IN OUT N/A N/O Hands clean & properly washed		
9	IN OUT N/A N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O Adequate handwashing sinks properly supplied and accessible		
Approved Source			
11	IN OUT N/A N/O Food obtained from approved source		
12	IN OUT N/A N/O Food received at proper temperature		
13	IN OUT N/A N/O Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination			
15	IN OUT N/A N/O Food separated and protected		
16	IN OUT N/A N/O Food-contact surfaces; cleaned & sanitized		

Compliance Status		COS	R
17	IN OUT N/A N/O Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety			
18	IN OUT N/A N/O Proper cooking time & temperatures		
19	IN OUT N/A N/O Proper reheating procedures for hot holding		
20	IN OUT N/A N/O Proper cooling time and temperature		
21	IN OUT N/A N/O Proper hot holding temperatures		
22	IN OUT N/A N/O Proper cold holding temperatures		
23	IN OUT N/A N/O Proper date marking and disposition		
24	IN OUT N/A N/O Time as a Public Health Control; procedures & records		
Consumer Advisory			
25	IN OUT N/A N/O Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations			
26	IN OUT N/A N/O Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances			
27	IN OUT N/A N/O Food additives: approved & properly used		
28	IN OUT N/A N/O Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures			
29	IN OUT N/A N/O Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage & wastewater properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	X Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Date:

7/31/2025

Inspector (Signature)

Follow-up: YES NO (Circle one)

Follow-up Date:

9-1-25

7-31-25

Establishment

Artist Colony

Address

Address
105 N Van Buren

City/State

Nashville TN

Zip Code

47448

Telephone

812-788 8600

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance **OUT**=not in compliance

N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status

Compliance Status

57	IN OUT N/A/NO	Outdoor Food Operation
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58	IN OUT N/A N/O	Mobile Retail Food Establishment
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
salad time cooler		Dessert cooler		pickles veg	37°
pickled veggie	38	blueb. cobbler	43°	coleslaw	36°
cheese	41°	Apple cobbler	45°	sour cream	37°
French dressing	36°			gravy	34°
hummus	40°	Cream gravy	145°	shaved steak	42°
		Korn	165°	French onion	41°
		Rice pilaf	43°		

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISIONLicense/Permit # *MA*

Date

7/31/2025

Establishment

Artist Colony

Address

105 N Van Buren

City/State

Nashville TN

Zip Code

37248

Telephone

*612-788-0600***OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
286 CORE	Equipment must be maintained in a state of repair (steam table - far left)	8/15/2025
189 CORE	Food storage must be in location to not be exposed to dust, dirt, contamination -onions on floor -uncovered baked potatoes	corrected 7/31/2025
436 CORE	Lighting intensity must be at least 10 foot candles at 30 inches above floor in walk in unit.	7/31/2025
223 PF	A reminder designating animal derived food must be worded as stated in 223(c) 1-3 (breakfast menu only)	07/31/2025 Next menu run

Published Comment

Steam table left panel has continual leaking
problem - repair as soon as possible

Person In Charge (Signature)

** My Ch*Date: *7/31/2025*

Inspector (Signature)

J. Hall *J. Peto*Date: *7/31/2025*