TENNESSEE DEPARTMENT OF HEALTH TARLICUMENT INCRE/

| Address City Inspection II Purpose of Risk Catego INI INI <th><u>ح</u>ر</th> <th>")誘</th> <th></th> <th></th> <th>JOD SERVI</th> <th>CE ESTA</th> <th></th> | <u>ح</u> ر | ")誘 | | | JOD SERVI | CE ESTA | | | | | | | | | | | | | | | |
|--|--|--------|------------------|---|---------------------------------------|------------------|-----------------|-------------|-------|----------|--------------|------------|--|----------|--|---------------|-----------------|----|----|--|--|
| Address City Inspection II Purpose of Risk Catego INI INI <td></td> <td>E.</td> <td></td> | | E. | | | | | | | | | | | | | | | | | | | |
| Address City Inspection II Purpose of Risk Catego INI INI <td colspan="4">Waffle House #561</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Farmer's Market Food Unit Wermanent O Mobile</td> <td>Q</td> <td></td> <td></td> <td></td> | Waffle House #561 | | | | | | | | | | | | Farmer's Market Food Unit Wermanent O Mobile | Q | | | | | | | |
| City Inspection II Risk Catego IN=in comp IN=in c | A(1). | i rian | | 7676 Hwy 70 S | : | | | | | _ | Тур | e of E | stabli | shme | nt | | | | | | |
| Inspection I Purpose of I Risk Categories IN=in comp IN=in com | | | | Nashville | | | 10 | | | | | | | | O Temporary O Seasonal | | | | | | |
| Purpose of Risk Categor IN-in comp IN-in comp IN-i | | | | | | | _ | 2:3 | 9 P | 'IVI | _ A) | //PN | 1 Tir | me ou | t <u>01:50</u> ; <u>РМ</u> ам/рм | | | | | | |
| Risk Categor IN-in conspan="2" IN-in conspan="2" IN IN <th <="" colspan="2" td=""><td>Dat</td><td>rte</td><td>(</td><td>05/15/2024</td><td>Establishment #</td><td>605211041</td><td>-</td><td></td><td>E</td><td>Emba</td><td>rgoe</td><td><u>1</u></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th> | <td>Dat</td> <td>rte</td> <td>(</td> <td>05/15/2024</td> <td>Establishment #</td> <td>605211041</td> <td>-</td> <td></td> <td>E</td> <td>Emba</td> <td>rgoe</td> <td><u>1</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | Dat | rte | (| 05/15/2024 | Establishment # | 605211041 | - | | E | Emba | rgoe | <u>1</u> | | | | | | | |
| Risk Categor IN-in conspan="2" IN-in conspan="2" IN IN <th <="" colspan="2" td=""><td>f Ins</td><td>specti</td><td></td><td></td><td>Follow-up</td><td>O Complaint</td><td></td><td>,</td><td>O Pre</td><td></td><td></td><td></td><td></td><td>Cor</td><td>sultation/Other</td><td></td><td></td><td></td><td></td></th> | <td>f Ins</td> <td>specti</td> <td></td> <td></td> <td>Follow-up</td> <td>O Complaint</td> <td></td> <td>,</td> <td>O Pre</td> <td></td> <td></td> <td></td> <td></td> <td>Cor</td> <td>sultation/Other</td> <td></td> <td></td> <td></td> <td></td> | | f Ins | specti | | | Follow-up | O Complaint | | , | O Pre | | | | | Cor | sultation/Other | | | | |
| IN-in comp IN-in comp IN | | | | | | | | | | | ., | | | | | Number of S | | 48 | | | |
| IN-in comp IN OU | | | | O1 💥 | g | O3 d employee | eha | | 04 | at co | | only | | | Ip Required X Yes O No to the Centers for Disease Contro | Number of S | eats | -0 | | | |
| IN OU IN OU IN OU | | | | | | | | | | | | | | | control measures to prevent illnes | | | | | | |
| IN OU IN OU IN OU | | | | | | | | | | | | | | | INTERVENTIONS | | | | | | |
| IN OU 1 第 O 1 第 O 2 第 O 3 第 O 4 第 O 5 第 O 6 第 O 7 第 O 8 O 第 9 第 O 11 第 O 9 第 O 11 第 O 9 ○ O 11 第 O 12 O O 13 第 O 14 第 O 28 O O 30 O O 31 O O 32 O O 33 O O 34 O O 35 O O | | | Ignat | | | | | teme | | | | | | | ch item as applicable. Deduct points for ca | | |) | | | |
| 1 第 0 2 第 0 3 第 0 4 第 0 5 第 0 6 第 0 7 第 0 8 0 第 9 第 0 11 第 0 12 0 0 13 第 0 14 第 0 15 第 0 14 第 0 15 第 0 28 0 0 29 0 0 31 0 0 32 0 0 33 0 0 34 0 0 35 0 0 | splia | ance | | OUT=not in compliance Complian | NA=not applicable | NO=not observe | | R | | s=con | recter | on-si | te duni | ng ins | Compliance Status | | | R | WT | | |
| IN OU 2 X O 3 X O 4 X O 5 X O 6 X O 7 X O 8 O X 9 X O 11 X O 9 X O 11 X O 12 O O 13 X O 14 X O 15 X O 16 X O 17 X O 18 O O 19 X O 12 O O 14 X O 28 O O 31 O O 32 O O 33 O O 34 O O | UΤ | NA | NO | 5 | Supervision | | | - | | | IN | оит | NA | NO | Cooking and Reheating of Time/Te | mperature | | - | | | |
| IN OU 2 X O 3 X O 4 X O 5 X O 6 X O 7 X O 8 O X 9 X O 11 X O 9 X O 11 X O 12 O O 13 X O 14 X O 15 X O 16 X O 17 X O 18 O O 19 X O 12 O O 14 X O 28 O O 31 O O 32 O O 33 O O 34 O O | 5 | _ | | Person in charge preser | nt, demonstrates kno | wledge, and | 0 | 0 | 5 | 40 | | | | | Control For Safety (TCS) Fo | ods | 0 | | | | |
| 3 2 0 IN 00 0 5 2 0 N 00 0 N 00 0 N 00 0 1 2 0 9 2 0 10 0 0 11 2 0 12 0 0 13 2 0 14 2 0 15 2 0 28 0 0 28 0 0 30 0 0 31 0 0 32 0 0 33 0 0 34 0 0 35 0 0 | | NA | NO | performs duties Emp | ployee Health | | - | - | _ | 16 | 0 | 8 | 8 | 춠 | Proper cooking time and temperatures Proper reheating procedures for hot holdin | 9 | 8 | 윙 | 5 | | |
| IN OU 4 X O 5 X O 6 X O 7 X O 8 O X 9 X O 10 O O 11 X O 12 O O 13 X O 14 X O 15 X O 28 O O 29 O O 30 O O 31 O O 33 O O 34 O O 33 O O 33 O O 33 O O 34 O O 35 O O | | | | Management and food e | | ; reporting | 0 | | 5 | H | | оит | | NO | Cooling and Holding, Date Marking, | | _ | | | | |
| 4 X O 5 X O 1 N OU 6 X O 7 X O 8 O X 9 X O 10 O O 11 X O 12 O O 13 X O 14 X O 15 X O 28 O O 29 O O 30 O O 31 O O 33 O O 34 O O 35 O O | - | | | Proper use of restriction | | | 0 | 0 | Ľ | | | | | | a Public Health Control | | | _ | | | |
| 5 二 〇 IN OU O 6 三 〇 7 三 〇 8 〇 三 9 三 〇 10 〇 〇 11 三 〇 12 〇 〇 13 三 〇 14 三 〇 15 三 〇 28 〇 〇 29 〇 〇 30 〇 〇 31 〇 〇 33 〇 〇 333 〇 〇 35 〇 〇 | _ | NA | | Good Hy Proper eating, tasting, dr | ygionic Practicos | 60 | 0 | | _ | 18 19 | | 0 | 0 | | Proper cooling time and temperature Proper hot holding temperatures | | 8 | 응 | | | |
| IN OU 6 第 O 7 第 O 8 0 第 9 第 O 10 O O 11 第 O 12 O O 13 第 O 14 第 O 15 第 O 15 第 O 28 O O 29 O O 30 O O 31 O O 33 O O 334 O O 35 O O | | ŀ | | No discharge from eyes, | | W | ŏ | ŏ | 5 | | | ŏ | ŏ | | Proper cold holding temperatures | | | ŏ | | | |
| 7 第 0 8 0 第 11 00 0 9 第 0 10 0 0 11 第 0 12 0 0 13 第 0 14 第 0 15 第 0 28 0 28 0 29 0 30 0 31 0 32 0 33 0 34 0 35 0 36 0 | | NA | | | contamination by i | lands | ~ | | | 21 | 黨 | 0 | 0 | 0 | Proper date marking and disposition | | 0 | 0 | 9 | | |
| 8 0 2 IIN 0U 9 2 0 10 0 0 11 2 0 11 2 0 0 11 2 0 11 2 0 0 11 2 0 13 2 0 0 0 14 2 0 14 2 0 0 0 0 0 0 15 2 0 0 0 0 0 0 28 0 0 0 0 0 0 0 30 | _ | | _ | Hands clean and proper No bare hand contact wi | | s or approved | 0 | | 5 | 22 | \mathbb{X} | 0 | 0 | 0 | Time as a public health control: procedure | s and records | 0 | 0 | | | |
| IN OU 9 二 O 10 O O 11 二 O 12 O O 13 二 O 14 二 O 15 二 O 15 二 O 28 O O 29 O O 30 O OU 31 O OU 32 O OU 33 O OU 34 OU OU 35 O OU | | 0 | 0 | alternate procedures foll | lowed | | 0 | 0 | | | IN | OUT | NA | NO | Consumer Advisory | | | | | | |
| 9 20 0 10 O O 11 20 O 12 O O 13 2 O 14 20 O 15 20 O 15 20 O 15 20 O 28 O O 29 O O 30 O O 31 O O 32 O O 33 O O 34 O O 35 O O 36 O O | 비 | NA | NO | Handwashing sinks prop | perly supplied and ac roved Source | cessible | 0 | 0 | 2 | 23 | \approx | 0 | 0 | | Consumer advisory provided for raw and u food | ndercooked | 0 | 0 | 4 | | |
| 11 第 0 12 0 0 13 2 0 14 第 0 15 第 0 15 第 0 15 第 0 15 第 0 28 0 0 29 0 0 30 0 0 31 0 0 33 0 0 33 0 0 35 0 0 36 0 0 | D | | | Food obtained from app | roved source | | 0 | | | | IN | OUT | NA | NO | Highly Susceptible Populat | ons | | _ | | | |
| 12 0 0 13 2 0 14 2 0 15 2 0 15 2 0 15 2 0 15 2 0 15 2 0 10 | | 0 | | Food received at proper Food in good condition, | | No.4 | 0 | 00 | 5 | 24 | 0 | 0 | 80 | | Pasteurized foods used; prohibited foods r | ot offered | 0 | 0 | 5 | | |
| IN OU 13 第 O 14 第 O 15 第 O 15 第 O 15 第 O 28 O 290 O 300 OU 31 O 32 O 33 O 34 OU 35 O 36 OU | - | 82 | 0 | Required records available | | | ō | ŏ | | H | IN | OUT | NA | NO | Chemicals | | _ | _ | | | |
| 13 2 O 14 2 O 15 2 O 15 2 O 28 O O 29 O O 30 O O 31 O O 32 O O 33 O O 34 O OU 35 O OU 36 O OU | - 1 | | - | destruction Protection | from Contaminat | on | • | - | _ | 25 | 0 | | 26 | | Food additives: approved and properly use | d | 0 | о | | | |
| 15 28 O 28 O 29 O 30 O 31 O 31 O 32 O 33 O 34 O 00 35 O 00 35 O | 2 | 0 | | Food separated and pro | | | | 0 | | | 篾 | 0 | | | Toxic substances properly identified, store | | ŏ | õ | 5 | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 00 35 O 36 O | 2 | 0 | | Food-contact surfaces: o | | | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Pro | | | | | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 35 O 36 O | ٥l | | | Proper disposition of uns served | safe food, returned to | od not re- | 0 | 0 | 2 | 27 | 0 | 0 | X | | Compliance with variance, specialized pro HACCP plan | cess, and | 0 | 0 | 5 | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 35 O 36 O | _ | | - | | | | | | _ | _ | | - | | | | | | _ | | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 35 O 36 O | | | Goo | d Retail Practices a | re preventive m | asures to co | ntrol | the | intro | duc | tion | of p | atho | gens | , chemicals, and physical objects | into foods. | | | | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 35 O 36 O | | | | | | | | | ц/Л | | | ICE) | 3 | | | | | | | | |
| 28 O 29 O 30 O 31 O 32 O 33 O 34 O 35 O 36 O | | | 00 | Compliance | ce Status | COS=correc | | R | | Inspec | ction | | | | R-repeat (violation of the same Compliance Status | | COS | R | WT | | |
| 29 0 30 0 31 0 32 0 33 0 34 0 35 0 35 0 36 0 | | | | | and Water | | ~ | | | | | JT | | | Utensiis and Equipment | decision of | | | | | |
| 30 O 31 O 32 O 33 O 34 O 35 O 36 O | | | | d eggs used where requi ice from approved source | | | 8 | 8 | 2 | 45 | 5 C | | | | nfood-contact surfaces cleanable, properly and used | designed, | 0 | 0 | 1 | | |
| 31 0 32 0 33 0 34 0 00 35 0 36 0 | | | nce o | btained for specialized p | rocessing methods | | 0 | 0 | 1 | 46 | ; (| o w | /arews | ashin | g facilities, installed, maintained, used, test | strips | 0 | 0 | 1 | | |
| 32 O 33 O 34 O 35 O 36 O | | | r coo | bling methods used; adec | | emperature | - | | | 47 | + 0 | | onfoor | d-con | tact surfaces clean | | 0 | 0 | 1 | | |
| 33 0 34 0 00 35 0 00 36 0 | 1 | contro | bl | - | | | 0 | 0 | 2 | | 0 | υT | | | Physical Facilities | | | | | | |
| 34 OU 35 OU 36 OU | | | | properly cooked for hot h | holding | | 00 | | 1 | 48 | _ | | | | water available; adequate pressure | | 8 | 8 | 2 | | |
| 35 O 36 O | | | | thawing methods used ters provided and accurate | ate | | ŏ | 0 | 1 | 49 | _ | _ | | - T | talled, proper backflow devices waste water properly disposed | | | 8 | 2 | | |
| 00 36 0 | | | | | ntification | | - | - | | 51 | _ | | | | s: properly constructed, supplied, cleaned | | | ŏ | 1 | | |
| 36 O | o | Food | prop | erly labeled; original cont | tainer; required recor | ds available | ο | 0 | 1 | 52 | 2 |) G | arbag | e/refu | se properly disposed; facilities maintained | | 0 | 0 | 1 | | |
| | UΤ | | | Prevention of Fed | ed Contamination | | | | | 53 | 1 | D Pi | hysica | I faci | ities installed, maintained, and clean | | 0 | 0 | 1 | | |
| 37 📓 | o | Insect | ts, ro | dents, and animals not p | resent | | 0 | 0 | 2 | 54 | 1 | D A | dequa | te ve | ntilation and lighting; designated areas use | d | 0 | 0 | 1 | | |
| | - | Conta | imina | ition prevented during for | od preparation, stora | ge & display | 0 | 0 | 1 | | 0 | υτ | | | Administrative items | | | | | | |
| | x | | | leanliness | | | 0 | 0 | 1 | 55 | | | | | it posted | | 0 | 0 | 0 | | |
| | 5 | | | ths; properly used and st ruits and vegetables | tored | | 00 | 8 | 1 | 56 | 6 I (| M | ost re | cent | nspection posted Compliance Status | | O YES | | WT | | |
| OU | 2 | | | Proper Use | of Utensils | | | | | | | | | | Non-Smokers Protection A | t | | | | | |
| | D S D UT | In une | | sils; properly stored quipment and linens; pro | and served stores | and of | | 2 | | 57 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | | 8 | 읽 | | | |
| 42 💥 43 O | | | | CONTRACTOR DEPARTMENT PLAN | nerv somet doed h | andied | | 0 | 1 | 58 | 2 | 110 | JUNCO | o pro | THE TAX PROPERTY AND A SUBJECT OF A | | | | 0 | | |
| 44 Ö | | Utens | ilis, e b-USB | /single-service articles; pro | properly stored, used | | | 0 | 1 | 55 | F | | | co pri | ducts are sold, NSPA survey completed | | ŏ | | | | |

ay result in su eated violation of an identical risk factor may result in revocation of your foo-su are required to post the food service establishment permit in a conspicuou ms within ten (10) days m rrect any violations of risk factor iter ion of your food service es hazards shall be corrected in d as co ting imm ner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing reg rt. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. g a written request with the Commissioner within ten (10) days of the date of this

Signature of Person In-Charge

05/15/2024

Signature of Environmental Health Specialist

05/15/2024

SCORE

Date

Date

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

| PH-2267 (Rev. 6-15) | Free food safety training clas | RDA 62 | | |
|---------------------|--------------------------------|--------------|-------------------------|---------|
| (Nev. 0-10) | Please call (|) 6153405620 | to sign-up for a class. | nor all |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Waffle House #561 Establishment Number # 605211041

| ISPA Survey – To be completed if #57 is "No" | |
|--|----------|
| ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older. | |
| ge-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | |
| No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | |
| arage type doors in non-enclosed areas are not completely open. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | \vdash |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | |
|-----------------------------|----------------|-----|--------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| High temperature dishwasher | Heat | | 159 | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|--------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Reach-in cooler | 35 | | | | |
| #2 reach-in cooler | 39 | | | | |
| #3 reach-in cooler | 40 | | | | |
| Walk-in cooler | 38 | | | | |

| Food Temperature | | |
|----------------------------|---------------|-------------------------|
| Decoription | State of Food | Temperature (Fahrenheit |
| Milk in reach-in cooler | Cold Holding | 39 |
| Sausage in prep cooler | Cold Holding | 43 |
| Lettuce in prep cooler | Cold Holding | 42 |
| Pork in #2 reach-in cooler | Cold Holding | 39 |
| Chili on steam table | Hot Holding | 163 |
| Gravy on steam table | Hot Holding | 154 |
| Ham in walk-in cooler | Cold Holding | 40 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Observed Violations

Total 🔹 👍

Repeated # 0

8: Hand washing sink next to prep line, does not have paper towels supplied during the time of the inspection. Corrective Action: person in charge provided paper towels.

37: Employee energy drink stored above open packages of hashbrowns in #3 reach-in cooler.

39: Wet wiping cloth stored on prep table on the prep line.

42: Wet nesting of pans stored on rack above 3 compartment sink.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Waffle House #561

Establishment Number : 605211041

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

- 2: An employee health policy is posted on-site. Staff is aware of reportable symptoms and illnesses.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed employees washing their hands at appropriate times and with correct technique.

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

9: See source information.

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: Cooking time and temperatures were not observed during the time of inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Establishment does not cool TCS food.
- 19: Observed proper hot holding temperature. Temperatures recorded on report.
- 20: Observed proper cold holding temperature. Temperatures recorded on report.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Written policy is being followed.
- 23: Verified consumer advisory on menu. Disclosure and reminder are marked on menu.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.
- 57: 58:

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

Additional Comments See last page for additional comments.

| E | st | ab | list | hment | Information |
|---|----|----|------|-------|-------------|
| - | - | | | | The St. |

Establishment Name: Waffle House #561 Establishment Number: 605211041

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Waffle House #561

Establishment Number #: 605211041

| Sources | | | | |
|--------------|------|---------|---------|--|
| Source Type: | Food | Source: | US Food | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments