

Establishment Name

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal

Murfreesboro City

KRoutine

Time in 10:25 AM AM / PM Time out 12:15: PM AM / PM

Inspection Date

Purpose of Inspection

Address

08/31/2022 Establishment # 605106035

Chili's Grill # 491

755 Nw Broad St.

Embargoed 0 O Complaint

O Preliminary O Consultation/Other

Risk Category

О3

O Follow-up

Follow-up Required

级 Yes O No

Number of Seats 206

SCORE

ase Control and Prevention

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

itus (IN, OUT, NA, NO) for e

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | ed | | 0 |
|--|---------------------------|-----|----|----|---|----|---|----|
| | Compliance Status | | | | | | | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 0 | 異 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | $\mathbb{R}^{\mathbb{C}}$ | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 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 | |
| | IN | OUT | NA | NO | 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 alternate procedures followed | 0 | 0 | 5 |
| 8 | 0 | 26 | | | Handwashing sinks properly supplied and accessible | | | 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 destruction | 0 | 0 | |
| | IN | OUT | | 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 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 |

| | | | | | Compliance Status | cos | R | WT |
|----|-----|-----|----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 黨 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 8 | 0 | 0 | 0 | Proper reheating procedures for hot holding | 0 | 0 | , |
| | IN | оит | NA | NO | NO Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | X | 0 | 0 | Proper cooling time and temperature | 0 | X | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 243 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 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 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 | 0 | 28 | | | Toxic substances properly identified, stored, used | 0 | 1 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

s to control the introduction of pathoge s, chemicals, and physical objects into foods.

PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 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 | ١. |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 惠 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | r |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 涎 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 885 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | _ |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ļ |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| pect | on | R-repeat (violation of the same code provision | | _ | _ |
|------|-----|--|-----|----|----|
| | | Compliance Status | COS | R | 8 |
| | OUT | Utensils and Equipment | | _ | _ |
| 45 | 麗 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | Ľ |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | |
| 47 | 黨 | Nonfood-contact surfaces clean | 0 | 0 | |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | |
| 49 | 黨 | 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 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 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 | 0 | | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١. |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

ner and post the most recent inspection report in a conspicuous manner. You have the right to request a herr. 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, 4-5-329. in ten (10) days of the date of th

Signature of Person In Charge

Date Signature of Environmental Health Specialist

08/31/2022 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)) 6158987889 Please call (to sign-up for a class.

08/31/2022

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Chili's Grill # 491
Establishment Number #: [605106035

| NSPA Survey – To be completed if #57 is "No" | |
|---|--|
| Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older. | |
| Age-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. | |
| Garage type doors in non-enclosed areas are not completely open. | |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| Smoking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | |
|------------------|----------------|-----|---------------------------|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenhelt) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| quipment Temperature | |
|----------------------|-------------------------|
| escription | Temperature (Fahrenhei |
| | |
| | |
| | |
| | |
| | |

| Food Temperature | | |
|-------------------------------------|---------------|-------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Meatballs wic rack cooked yesterday | Cooling | 55 |
| Queso deheating on thermalizer | Reheating | 123 |
| Wic raw burgers | Cold Holding | 40 |
| Rice heat well | Hot Holding | 162 |
| Pico in cooler | Cold Holding | 39 |
| Soup chicken enchalada | Hot Holding | 178 |
| Queso reheating | Reheating | 168 |
| Ribs in drawer | Cold Holding | 39 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Observed Violations | | | | |
|---|--|--|--|--|
| Observed Violations | | | | |
| Total # [12 Repeated # [0] | | | | |
| 1: Numerous violationd during the inspection. Had repeat violations. | | | | |
| 8: No paper towels at the cook line hand sink | | | | |
| 18: Meatballs cooked yesterday temped at 55 degrees F. Threw away 15 | | | | |
| meatballs | | | | |
| 26: Had numerous spray bottles not labeled and stored above clean glasses and | | | | |
| · · | | | | |
| on top of the dishwasher next to two open boxes of gloves 33: Thawing salmon in packaged without opening the packages. | | | | |
| | | | | |
| 36: Numerouse flies and gnats in the dry storage room. | | | | |
| 37: Employees drink cups sitting ountmon counters and cutting boards | | | | |
| 42: Wet nesting on the drying lexon pans | | | | |
| 45: White plastic containers have food debris around the lip of the container | | | | |
| 47: Gaskets and insode tje reachin two door freezer are dirty | | | | |
| 49: Spray hose hanging below the flood rim of the three comp sink | | | | |
| 53: Floors and walls are dirty. Wic vents are dirty | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[&]quot;"See page at the end of this document for any violations that could not be displayed in this space.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Chili's Grill # 491
Establishment Number: 605106035

Comments/Other Observations

- 2: (IN): An employee health policy is available.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: Had numerouse cups without lids sitting on the counters and cutting boards.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Original comment did not justify showing this item as OUT.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: Gfs fresh pointe
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) 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: (NO) No raw animal foods cooked during inspection.
- 17: (IN) All TCS foods are properly reheated for hot holding.
- 19: Great hot holding temps
- 20: Good coldholding temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: Menu review has advisory and notations
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

58:

Additional Comments

See last page for additional comments.

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

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Number: 605106035 | Establishment Information | |
|--|---|--|
| Comments/Other Observations (cont'd) Additional Comments (cont'd) | Establishment Name: Chili's Grill # 491 | |
| Additional Comments (cont'd) | Establishment Number: 605106035 | |
| Additional Comments (cont'd) | | |
| Additional Comments (cont'd) | Comments/Other Observations (cont'd) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Additional Comments (contist) | |
| See last page for additional comments. | | |
| | See last page for additional comments. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Establishment Information | | | | | | |
|---|---|--|--|--|--|--|
| Establishment Name: Chili's Grill # 491 | | | | | | |
| Establishment Number #: 605106035 | | | | | | |
| | | | | | | |
| Sources | | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Source Type: | Source: | | | | | |
| Additional Comments | | | | | | |
| Discussed implementing a Risk Control Plan(RCP) in Priority Items. Advised operator I was available to as C00491@chilis.com | order to obtain active managerial control over repeated sist with developing the RCP. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |