

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 64

O Farmer's Market Food Unit Drury Inn Remanent O Mobile Establishment Name Type of Establishment 555 Donelson Pike. O Temporary O Seasonal Address Nashville Time in 08:35 AM AM / PM Time out 08:39: PM AM / PM City 03/17/2022 Establishment # 605155035 Embargoed 0 Inspection Date 日本 Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

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О3

Follow-up Required

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 12 | <b>4</b> =in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observe                                    | d   |   | 0  |
|----|----------------|-------|------|----|---|-----|---|----|
|    |                |       |      |    | Compliance Status   | cos | R | WT |
|    | IN             | OUT   | NA   | NO | Supervision   |     |   |    |
| 1  | 盔              | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5  |
|    | IN             | OUT   | NA   | NO | Employee Health   |     |   |    |
| 2  | TXC            | 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  | *              | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 | -  |
| 5  | 黨              | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 |    |
|    | IN             | OUT   | NA   | NO | Preventing Contamination by Hands   |     |   |    |
| 6  | 凝              | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |    |
| 7  | 氮              | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5  |
| 8  | ×              | 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 | 0              | 0     | 黨    |    | 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   | 0  | 3% | Proper reheating procedures for hot holding                                 | 0   | 0 | ,  |
|    | IN  | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | 0   | 0   | 0  | ×  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×   | 0   | 0  | 0  | Proper hot holding temperatures   | 0   | 0 | 1  |
| 20 | 243 | 0   | 0  |    | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *   | 0   | 0  | 0  | Proper date marking and disposition   | 0   | 0 | 1  |
| 22 | X   | 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   | 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 | 1   | 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  |

O Yes 疑 No

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

|    |     |  | GOO |   |    |
|----|-----|--|-----|---|----|
|    |     | OUT=not in compliance COS=corr   |     |   |    |
|    |     | Compliance Status  | cos | R | WT |
|    | OUT |  |     |   |    |
| 28 |     | Pasteurized eggs used where required                                       | 0   | 0 | 1  |
| 29 | 0   | Water and ice from approved source   | 0   | 0 | 2  |
| 30 |     | Variance obtained for specialized processing methods                       | 0   | 0 | 1  |
|    | OUT | Food Temperature Control   |     |   |    |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | 2  |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | 1  |
| 33 | 0   | Approved thawing methods used  | 0   | 0 | 1  |
| 34 | 0   | Thermometers provided and accurate   | 0   | 0 | 1  |
|    | OUT | Food Identification  |     |   |    |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 | 1  |
|    | OUT | Prevention of Food Contamination   |     |   |    |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | 2  |
| 37 | 0   | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1  |
| 38 | 0   | Personal cleanliness   | 0   | 0 | 1  |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 | 1  |
| 40 | 0   | Washing fruits and vegetables  | 0   | 0 | 1  |
|    | OUT | Proper Use of Utensils   |     |   |    |
| 41 | 0   | In-use utensils; properly stored   | 0   | 0 | 1  |
| 42 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | 1  |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0   | 0 | 1  |
| 44 | 10  | Gloves used properly   | 0   | 0 | 1  |

| 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 |
|        |     |  |     |    |    |
| 57     |     | Compliance with TN Non-Smoker Protection Act   | - X | 0  |    |
| 58     |     | Tobacco products offered for sale  | 0   | 0  | 0  |
| 59     |     | If tobacco products are sold, NSPA survey completed                                      | 0   | 0  |    |

on report in a conspicuous manner. You have the right to request a hi ten (10) days of the date of the is 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

03/17/2022 Date Signature of Envi 03/17/2022

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) 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: Drury Inn  |                                  |                                |                       |           |
| Establishment Number #:  605155035   |                                  |                                |                       |           |
|  |                                  |                                |                       |           |
| NSPA Survey - To be completed if   |                                  |                                |                       |           |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older.   | trict access to its buildings or | r facilities at all times to p | persons who are       |           |
| Age-restricted venue does not require each per   | rson attempting to gain entry    | to submit acceptable for       | rm of identification. |           |
|  |                                  |                                |                       |           |
| "No Smoking" signs or the international "Non-S   | moking" symbol are not con:      | spicuously posted at eve       | ry 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      | not completely removed         | or open.              |           |
| Smoke from non-enclosed areas is infiltrating in   | nto areas where smoking is p     | prohibited.                    |                       |           |
| Security of the security of th | thuibe tel                       |                                |                       | _         |
| Smoking observed where smoking is prohibited   | by the Act.                      |                                |                       |           |
|  |                                  |                                |                       |           |
| Warewashing Info   |                                  |                                |                       |           |
| Machine Name   | Sanitizer Type                   | PPM                            | Temperature ( Fah     | irenhelt) |
|  |                                  |                                |                       |           |
|  |                                  |                                |                       |           |
|  |                                  |                                |                       |           |
|  |                                  |                                |                       |           |
| Equipment Temperature  |                                  |                                |                       |           |
| Description  |                                  |                                | Temperature ( Fahr    | ranhalfi. |
| Decomption   |                                  |                                | Temperature ( Fam     | remnent/  |
|  |                                  |                                |                       |           |
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|  |                                  |                                | -                     |           |
| Food Temperature   |                                  |                                |                       |           |
| Description  |                                  | State of Food                  | Temperature ( Fah     | renhelt)  |
|  |                                  |                                |                       |           |
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# TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information       |  |
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| Establishment Name: Drury Inn   |  |
| Establishment Number: 605155035 |  |

| Comments/Other Observations  |    |
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| Establishment Name: Drury Inn          |  |
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| Establishment Number: 605155035        |  |
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| Comments/Other Observations (cont'd)   |  |
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Establishment Information

| Establishment Information     |         |   |
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| Establishment Name: Drury Inn |         |   |
| Establishment Number #: 60515 | 5035    |   |
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| Sources                       |         | - |
| Source Type:                  | Source: |   |
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