

Establishment Name

Purpose of Inspection

Address

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

SCORE

Number of Seats 40

Time in 08:10 AM AM / PM Time out 08:50; AM AM / PM 05/04/2023 Establishment # 605260274 Embargoed 0 Inspection Date

COMFORT SUITES RESTAURANT

O Follow-up

2521 ELM HILL PK

Nashville

ERoutine

O Preliminary O Consultation/Other

Risk Category О3 Follow-up Required O Yes 疑 No

O Complaint

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	≬ =in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	_			S=co	rrecte	d on-si	te du
					Compliance Status	cos	R	WT				
	IN	OUT	NA	NO	Supervision					IN	оит	NA
1	誕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	20
	IN	OUT	NA	NO	Employee Health				17	_	ŏ	8
2	300	0			Management and food employee awareness; reporting	0	0					
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	ОUТ	NA
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19	窓	0	0
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l ° l	20	-	0	0
	IN	OUT	NA	NO	Proventing Contamination by Hands				21	*	0	0
6	黨	0		0	Hands clean and properly washed	0	0		22	0	0	×
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_		
8	-	0	_		alternate procedures followed	0	0	2	\vdash	IN	OUT	NA
P	IN.	OUT	NΔ	NO	Handwashing sinks properly supplied and accessible Approved Source	-		Ľ	23	0	0	×
9	200	0	THE .	110	Food obtained from approved source	0	0	\neg		IN	OUT	NA
10	0	0	0	38	Food received at proper temperature	0	0	1 1	1	_	_	9=9
11	200	0			Food in good condition, safe, and unadulterated	0	0	5	24	0	0	333
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	оит	NA
	IN	OUT	NA	NO	Protection from Contamination				25		0	100
13	0	0	黨		Food separated and protected	0	0	4	26	黨	0	
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×

	Compliance Status		cos	R	WT			
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	黨	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	۰
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as 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	
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	×		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	80	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

ures to control the introduction of pathogens, chemicals, and physical objects into foods.

		OUT=not in compliance COS=corr					
		Compliance Status	cos	R	W		
	OUT						
28	0	Pasteurized eggs used where required	0	0	Ι,		
29		Water and ice from approved source	0	0			
30	0	Variance obtained for specialized processing methods	0	0	L.		
	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	0	Approved thawing methods used	0	0	1		
34	0	Thermometers provided and accurate	0	0	Г		
	OUT	Food Identification					
35	0	Food properly labeled; original container; required records available	0	0	,		
	OUT	Prevention of Feed Contamination					
36	0	Insects, rodents, and animals not present	0	0	:		
37	0	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	Г		
	OUT	Proper Use of Utensils					
41	0	In-use utensils; properly stored	0	0	г		
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1		
43	100	Single-use/single-service articles; properly stored, used	0	0	r		
44	0	Gloves used properly	0	0			

pecti		R-repeat (violation of the same code provision Compliance Status	cos	R	W
	OUT	Utensils and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, 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	\top		
48	0	Hot and cold water available; adequate pressure	0	0	7
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	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	3%	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	ा	0	Г
56	黨	Most recent inspection posted	0	0	`
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 3%	0	
58		Tobacco products offered for sale	0	0	١
59		If tobacco products are sold, NSPA survey completed	- 0	0	

(10) days of the date of the

05/04/2023

05/04/2023

Signature of Person In Charge

Date

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: COMFORT SUITES RESTAURANT Establishment Number # [605260274

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 inflitrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)						
Triple sink (not set up)	QA								

Equipment Temperature							
Description	Temperature (Fahrenheit)						
2 door freezer	10						
Reach in freezer	-11						
Reach in cooler	37						
Self serve cooler	42						

State of Food	Temperature (Fahrenheit
	42
Cold Holding	38
Cold Holding	39
Hot Holding	154
Cold Holding	40
	Cold Holding Cold Holding Hot Holding

Observed Violations
Total # B
Repeated # ()
43: Boxes of single use plates and napkins stored on floor of storage closet
53: Large hole in wall near mop sink
56: Last inspection not posted

^{***}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: COMFORT SUITES RESTAURANT

Establishment Number: 605260274

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Written health poicy available
- 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: Discussed hand washing practices
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: See sources
- 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: No raw food prepared
- 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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Not observed
- 19: See temps
- 20: See 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: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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:

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 Name: COMFORT SUITES RESTAURANT	
Establishment Number: 605260274	
Comments/Other Observations (cont'd)	
- 1999 - 1992 - 22 to 1990s	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Info	DA AREA DE ANDRE	`TALIDANIT		
Establishment Name: (Establishment Number #:	COMFORT SUITES RES 605260274	STAURANT		
- Control of the control of the	003200214			
Sources				
Source Type:	Food	Source:	Sysco	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Commo	ents			

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