TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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| | | 1001 | | | | | | | | | | | | | O Farmer's Market Food Unit | | | 7 | |
| La Quinta Inn and Breakfast | | | | | | | | | | | | S Permanent O Mobile | 9 | | | | | | |
| 531 Donelson Pike | | | | | _ | Ту | e of E | stabl | ishme | ent | | | | | | | | | |
| Address | | | | | | | | | | | O Temporary O Seasonal | _ | | | | | | | |
| City Nashville Time in | | | | | | n <u>0</u> | 7:0 |)Q A | ۱M | A | M/PN | A Ti | me o | ut 07:15:AM AM/PM | | | | | |
| | | | | | 06/23/202 | 3 Establishment # 60530969 | | | | | | | | | | | | | |
| Insp | ectio | on C | ate | | 001201202 | | | | _ | | - | | | | | | | | |
| Purp | pose | of | nspe | ction | O Routine | 份Follow-up O Complain | t | | O Pr | elimir | ary | | c | Cor | nsultation/Other | | | | |
| Risk | Cat | tego | e v | | 01 | 第2 03 | | | O 4 | | | | Fo | -wollo | up Required O Yes 🕱 No | Number of S | eats | 30 | |
| | | | lisk | | | | | | | | | | | | to the Centers for Disease Con | trol and Prevent | | | |
| | | | | as (| contributing facto | rs in foodborne illness outbreak | ks. F | ubli | c He | aith | Inte | rvent | tions | are | control measures to prevent ille | ness or injury. | | | |
| | | | | | | FOODBORNE ILLNESS R | | | | | | | | | | | | | |
| | | | | | | | | Rem | | | | | | | ach liem as applicable. Deduct points for | | |) | |
| IN | ⊧in c | omp | liano | • | | e NA=not applicable NO=not obser liance Status | | R | CX WT | 55=00 | S=corrected on-site during inspection R=repeat (violation of the same code provis Compliance Status | | | | | | on) COS | R | WT |
| h | IN | ou | T NA | NO | | Supervision | - | | | | | оит | | NO | Cooking and Reheating of Time | | | | |
| \rightarrow | 黨 | 0 | - | | Person in charge pr | esent, demonstrates knowledge, and | 0 | 0 | | | IN | | | NO | Control For Safety (TCS) |) Foods | | | |
| \square | | | | 1.00 | performs duties | | 0 | 0 | 5 | | 0 | 0 | Š | | Proper cocking time and temperatures | | 0 | 0 | 5 |
| 2 | | _ | _ | NO | | Employee Health od employee awareness; reporting | 0 | ТО | _ | 1 | 0 | 0 | 200 | 0 | Proper reheating procedures for hot ho Ceeling and Heiding, Date Marking | | 0 | 0 | |
| | × | 0 | | | Proper use of restric | tion and exclusion | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public Health Cont | | | | |
| $ \rightarrow $ | _ | ou | T NA | NO | Geo | i Hygienic Practices | - | - | - | 18 | 0 | 0 | XX | 0 | Proper cooling time and temperature | | 0 | О | - |
| | 26 | | | the second se | | g, drinking, or tobacco use | 0 | 0 | 5 | | X | | Õ | 0 | Proper hot holding temperatures | | 0 | 0 | |
| | XX IN | | T NA | | | yes, nose, and mouth g Contamination by Hands | 0 | 0 | - | | 20 | 8 | | 36 | Proper cold holding temperatures Proper date marking and disposition | | 00 | 8 | 5 |
| | 10 | 0 | | | Hands clean and pro | | 0 | 0 | | 22 | | ō | × | | | huma and canada | 0 | 0 | |
| -+ | 鋖 | 0 | 0 | 0 | | ct with ready-to-eat foods or approved | 0 | 0 | 15 | Ľ" | | | | | Time as a public health control: proced | | <u> </u> | <u> </u> | |
| 8 | | | | | alternate procedures Handwashing sinks | properly supplied and accessible | 0 | 0 | 2 | | IN | OUT | _ | NO | Consumer Advisor Consumer advisory provided for raw ar | | ~ | | |
| | IN | OU | TNA | NO I | | Approved Source | | | | 23 | | 0 | 黛 | | food | | 0 | 0 | 4 |
| 9 | | | | 1.22 | Food obtained from Food received at pro | | + 8 | 00 | | | IN | OUT | NA | NO | Highly Susceptible Popu | liations | | | |
| 11 | ž | ŏ | | | | on, safe, and unadulterated | Ηŏ | ŏ | 5 | 24 | 0 | 0 | 22 | | Pasteurized foods used; prohibited foo | ds not offered | 0 | 0 | 5 |
| -+ | 0 | 0 | 1 | 0 | | ailable: shell stock tags, parasite | 0 | 0 | 1 | | IN | OUT | NA | NO | Chemicals | | | - | |
| | | OU | TNA | NO | destruction Protect | ion from Contamination | - | - | - | 25 | 0 | 0 | X | - | Food additives: approved and properly | used | 0 | o | |
| 13 | | | | | Food separated and | protected | | 0 | | 26 | 黛 | 0 | | | Toxic substances properly identified, st | | 0 | 0 | 5 |
| 0.02 | × | 0 | 0 | | | es: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved | | | | |
| 14 | | | | | Proper disposition of | f unsafe food, returned food not re- | | | | | | | | | | | | | |
| 14 15 | 12 | 0 | | | | ansare rood, retarmed rood not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized HACCP plan | process, and | 0 | 0 | 5 |
| -+ | 黛 | 0 | | | served | analie rood, recented rood not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized HACCP plan | process, and | 0 | 0 | 5 |
| -+ | 寞 | 0 | | God | served | | | - | | | | | | geni | | | 0 | 0 | 5 |
| -+ | <u>)</u> | 0 | | God | served | | ontro | l the | | oduc | tion | of p | atho | gena | HACCP plan | | 0 | 0 | 5 |
| -+ | 眞 | 0 | | | served | s are preventive measures to c COS=con | GOC GOC | od the | e intr lanA | oduc | tion AG | of p | atho | geni | HACCP plan s, chemicals, and physical object R-repeat (violation of the sa | ts into foods. | | | |
| -+ | 2 | 0 | | | od Retail Practice | s are preventive measures to c | GOC GOC | od the | e intr LarrA | oduc | tion AG | of p | atho | geni | HACCP plan | ts into foods. | O | | |
| 15 | 8 | 00 | T Pas | OU steuriz | served od Retail Practice IT=not in compliance Compl Safe Fe ed eggs used where r | cos=con iance Status equired | ected of COS | I the | o intr durin WT | oduc inspe | tion ction | ofp (CES আ | atho | nd no | HACCP plan a, chemicals, and physical object R-repeat (violation of the sa Compliance Status Utensils and Equipment infood-contact surfaces cleanable, prop | ts into foods. | COS | R | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: La Quinta Inn and Breakfast Establishment Number # 605309696

| NSPA Survey – To be completed if #57 is "No" | |
|---|--|
| Age-restricted venue does not ammatively 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 (Fahrenheit) | | | | | | |
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| Equipment l'emperature | | | | | | |
|------------------------|--------------------------|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | |
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| Food Temperature | State of Food | Temperature (Fahrenheit |
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| Observed Violations | | | | | | |
|--------------------------------|--|--|--|--|--|--|
| Total # 4 | | | | | | |
| Repeated # 0 | | | | | | |
| 34: 43: 46: | | | | | | |
| 43: | | | | | | |
| 46: | | | | | | |
| 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: La Quinta Inn and Breakfast Establishment Number : 605309696

| Comments/Other Observations | |
|---|------|
| 1: Has PIC 2: Has health policy 3: 4: | |
| 1: Has PIC 2: Has health policy 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: Current employee is aware of proper ware washing | |
| 9: 10: 11: 12: | |
| 13: 14: Current employee is aware of proper ware washing 15: 16: 17: 18: 19: Scrambled eggs at 140F 20: 21: 22: 23: 24: 25: 26: 27: 57: 58: | |
| 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.

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

Establishment Information

Establishment Name: La Quinta Inn and Breakfast Establishment Number : 605309696

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: La Quinta Inn and Breakfast Establishment Number #: 605309696

| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments