

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Quality Suites - Breakfast Remanent O Mobile Establishment Name Type of Establishment 2615 Elm Hill Pike. O Temporary O Seasonal Address Nashville Time in 10:00 AM AM/PM Time out 10:30; AM AM/PM City 09/12/2022 Establishment # 605079453 Embargoed 0 Inspection Date O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 48

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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12	4 ≐in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	id		0
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	$\exists x$	Management and food employee awareness; reporting		Management and food employee awareness; reporting	0	0	_	
3	寒	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	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	0	0		300	Hands clean and properly washed	0	0	
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
		Handwashing sinks properly supplied and accessible	0	0	2			
	IN	OUT	NA	NO	Approved Source			
9	窓	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	NA	NO	Protection from Contamination			
13	0	0	窳		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						R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18		0	0	×	Proper cooling time and temperature	0	0	
19	0	0	0	文	Proper hot holding temperatures	0	0	
20		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	300		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	26		Food additives: approved and properly used	0	0	5
26	8	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 HACCP plan	0	0	5

级 Yes O No

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

OUT Safe Food and Water 28								
						inspect	on	
			cos	R	WT			
	OUT	Safe Food and Water					OUT	
			_	0	1	45	_	Foo
					2	40		cor
30			0	0	1	46	0	W
	OUT	Food Temperature Control				40		***
24		Proper cooling methods used; adequate equipment for temperature		_		47	100	No
31	10	control	"	٧	∣ ² I		OUT	\blacksquare
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Ho
33	Ō	Approved thawing methods used	Ō	ō	1	49	ō	Plu
34		11	0	0	1	50	0	Se
	0-0		1	Ť		51	_	
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Ga
	OUT	Prevention of Food Contamination				53	0	Ph
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adi
37	0	Contamination prevented during food preparation, storage & display	0	0	1		оит	Γ
38	0	Personal cleanliness	0	0	1	55	0	Cu
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Mo
40	0	Washing fruits and vegetables	0	0	1			
	OUT	Proper Use of Utensils			\neg			\Box
41	0	In-use utensils; properly stored	0	0	1	57		Co
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58	1	Tot
43	0	Single-use/single-service articles; properly stored, used	0	0	1	59	1	If to
44	0	Gloves used properly	0	0	1			

		R-repeat (violation of the same code provision Compliance Status	cos	R	W
	OUT	Utensils and Equipment			
45	0	Food and norifood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	凝	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	-
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	•
	OUT	Administrative Items	Т		Ī
55	0	Current permit posted	ि	0	_
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0	

er. You have the right to request a hi n ten (10) days of the date of the

09/12/2022

09/12/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

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



ı	stablishment Information
I	stablishment Name: Quality Suites - Breakfast
İ	stablishment Number #: 605079453

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 wenty-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.	\top
Sarage type doors in non-enclosed areas are not completely open.	\vdash
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	\vdash
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	\vdash
Smoking observed where smoking is prohibited by the Act.	+

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Triple sink not set up yet								

Equipment Temperature								
Description	Temperature (Fahrenheit)							
Reach in freezer	20							

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Milk reach in cooler	Cold Holding	40				
Cream cheese reach in cooler	Cold Holding	39				

Observed Violations							
Total # 5							
Repeated # 0							
14: Dishes soaking in soapy water in mop sink							
CA- removed, trained							
34: Thermometer missing deep freezer, reach in cooler, reach in cooler							
47: Ice build up deep freezer							
47: Ice build up reach in freezer							
47: Mold like substance on inside nozzles for water and juices at juice machine							
The Word like substance on molde negative for water and jarose at jaros machine							

[&]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: Quality Suites - Breakfast

Establishment Number: 605079453

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: (IN): An employee health policy is 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: (NO) No workers present during inspection.
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

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- 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 rap
- 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: (N.O.) No cooling of TCS foods during inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: 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: (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:

***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 Name: Quality Suites - Breakfast		
Establishment Number: 605079453		
Comments/Other Observations (cont'd)		
Additional Comments (cont'd)		
See last page for additional comments.		

Establishment Information

Establishment information			
Establishment Name: Quality Suites - Breakfast			
Establishment Number #:	605079453		
Sources			
Source Type:	Food	Source:	Person in charge didnt know
Source Type:		Source:	
Additional Comme	nts		
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