

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Waffle House #963 Remanent O Mobile Establishment Name Type of Establishment 811 S. James Campbell Blvd. O Temporary O Seasonal Address Columbia Time in 10:28 AM AM / PM Time out 10:40: AM AM / PM

05/29/2024 Establishment # 605211013 Embargoed 0 Inspection Date

O Follow-up **M**Complaint Purpose of Inspection Routine O Preliminary O Consultation/Other

Number of Seats 48 Risk Category О3 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| IIN | ê ≐in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observ | ed | | C | OS≃cor | recte | d on-si | te duri | ing |
|-----|----------------|-------|------|----|---|-----|---|----|--------|-------|----------|---------|-----|
| | | _ | | | Compliance Status | COS | R | WT | | | _ | | |
| | IN | OUT | NA | NO | Supervision | | | | | IN | оит | NA | , |
| 1 | 0 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 16 | 0 | 0 | 0 | H |
| | IN | OUT | NA | NO | Employee Health | | | | 17 | ō | ō | ō | h |
| 2 | 0 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | | | | | Т |
| 3 | 0 | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | | IN | OUT | NA | 1 |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | ٦ |
| 4 | 0 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 19 | 0 | 0 | 0 | Г |
| 5 | 0 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l° | 20 | 0 | 0 | 0 | |
| | IN | OUT | NA | NO | Proventing Contamination by Hands | | | | 21 | 0 | 0 | 0 | Г |
| 6 | 0 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | 22 | 0 | 0 | 0 | Г |
| 7 | 0 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 | | IN | _ | NA | ı, |
| 8 | 0 | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 23 | 0 | 0 | 0 | Г |
| | IN | OUT | NA | NO | Approved Source | | | | 23 | • | _ | _ | |
| 9 | 0 | 0 | | | Food obtained from approved source | 0 | 0 | | | IN | OUT | NA | P |
| 10 | 0 | 0 | 0 | 0 | Food received at proper temperature | 0 | 0 | 1 | 24 | 0 | 0 | 0 | П |
| 11 | 0 | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | 24 | 0 | <u>ا</u> | - | |
| 12 | 0 | 0 | 0 | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | OUT | NA | , |
| | IN | OUT | NA | NO | Protection from Contamination | | | | 25 | 0 | 0 | 0 | Г |
| 13 | 0 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 0 | 0 | | |
| 14 | 0 | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | 1 |
| 15 | 0 | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 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 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 0 | 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 | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 0 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 0 | 0 | Proper date marking and disposition | 00 | | 1 |
| 22 | 0 | 0 | 0 | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | 0 | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | 0 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | | 0 | 0 | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 0 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | 0 | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

Good Retail Practices are preventive m res to control the introduction of pathoge ns, 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 | - |
| 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 | 0 | Approved thawing methods used | 0 | 0 | |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Т |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | - |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | |
| 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 | |
| | OUT | Proper Use of Utensils | \top | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | Г |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| pecti | on | 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 | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | - |
| 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 | - |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | ' |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 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 | - 3% | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

conspicuous manner. You have the right to request a h 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of th

05/29/2024

ature of Person In Charge

Date

05/29/2024 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) 9315601182 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | | | | |
|---|-----------------------------|------------------------|-------------------|----------|--|--|--|--|--|
| Establishment Name: Waffle House #963 | | | | | | | | | |
| Establishment Number #: 605211013 | | | | | | | | | |
| | | | | | | | | | |
| NSPA Survey - To be completed if | | | | | | | | | |
| Age-restricted venue does not affirmatively resi 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 vent | s in non-enclosed areas are | not completely removed | d or open. | | | | | | |
| Smoke from non-enclosed areas is infiltrating in | nto areas where smoking is | prohibited. | | | | | | | |
| Smoking observed where smoking is prohibited | d by the Act. | | | | | | | | |
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| Warewashing Info | | | | | | | | | |
| Machine Name | Sanitizer Type | PPM | Temperature (Fai | renhelt) | | | | | |
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| | | | | | | | | | |
| Facilities and Facilities | | | | | | | | | |
| Equipment Temperature | | | | | | | | | |
| Description | | | Temperature (Fah | renheit) | | | | | |
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| L | | | _ | | | | | | |
| Food Temperature | | | | | | | | | |
| Description | | State of Food | Temperature (Fah | renheit) | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Name: Waffle House #963

Establishment Number: 605211013

Establishment Information



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

| Establishment Name: Waffle House #963 Establishment Number: 605211013 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
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Establishment Information

| Establishment Information | | | | | | | | |
|--------------------------------------|-------------------------------|----------------------------|-----------------------------|--|--|--|--|--|
| Establishment Name: Wat | ffle House #963 | | | | | | | |
| Establishment Number #: | 605211013 | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: | Water | Source: | CPWS | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Additional Comment | ts | | | | | | | |
| Complaint called in re serving food. | garding employees coming to v | vork sick. Complaint state | es no one should be working | | | | | |
| Reviewed sick policy | with manager. Policy reviewed | and policy in place. | | | | | | |
| No observations of an | yone working sick. | | | | | | | |
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