TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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A CONTRACTOR OF A CONTRACTOR A					Waffle House #561										O Farmer's Market F		8	1			
Establishment Name				ne	7676 Hwy 70 S.																
PAGE20					1(חי∩	5 /														
						J.U						me ou	# <u>11:00</u> :AM	AM / PM							
		on Da					ablishment # 60521104			_	Embi		d L								
Puŋ	pose	of In	spec	tion	Routine	O Follo	w-up O Complain	it		O Pr	elimir	ary		c	Cor	hsultation/Other				40	
Risł	(Ca	tegor	•	ant	01	3 22	O3	. hehr		04		0.000	-			should be a set	s O No	Number of S		48	
Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.																					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS (Mark designated compliance status (IN, OUT, NA, NO) for each aumbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)																					
IN	⊨in c	ompli		nga		mpliance NA=n												e same code provisi			
			_	_		compliance S	itatus		R	WT	Ē		-		_	Compliance S	itatus		cos	R	WT
			NA	NO			rvision monstrates knowledge, and					IN	ουτ	NA	NO	Cooking and Rohea Control For S	ting of Time/ Safety (TCS)				
1	×	O OUT	NA	NO	performs dutie	65		0	0	5		8	8			Proper cooking time and temperatures Proper reheating procedures for hot holding			0	읽	5
2	0	2	nea.	NO	Management		yee awareness; reporting	28			H"		OUT		NO	Cooling and Holding,			-	-	
3	×	0				restriction and		0	0	5		IN					Health Contr	rel		-	
4		OUT	NA	NO O		Good Hyglen tasting, drinking	g, or tobacco use	-	0			0	0	0		Proper cooling time and t Proper hot holding tempe			0	읭	
5	澎	0	NA		No discharge	from eyes, nose		0	0	5	20	10	0	0		Proper cold holding temp Proper date marking and	eratures		0	8	5
6	X		144		Hands clean a	and properly was	shed	0	0		22	_	8	0		Time as a public health c		ires and records		×	
7	X	0	0	0		contact with rea edures followed	ady-to-eat foods or approved	0	0	5	H	IN		-	NO		mer Advisory		~	~	
8		0	NA	NO	Handwashing	sinks properly s	supplied and accessible d Source	0	0	2	23	×	0	0		Consumer advisory provided for raw and undercooked food			0	0	4
	嵩	0			Food obtained	d from approved	source		0			IN	OUT	NA	NO	Highly Susce	ptible Popul	ations			
	0000		0	2		d at proper temp condition, safe.	erature and unadulterated	0	0	5	24	0	0	X		Pasteurized foods used;	prohibited food	is not offered	0	0	5
12	0	0	×	0			hell stock tags, parasite	0	0	1		IN	OUT	NA	NO	a	remicals				
				NO Protection from Contamination							25	0		X		Food additives: approved and properly used			0	ु	5
13	夏家	0	8			ed and protected surfaces: clean	d ed and sanitized		0		26			NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures			X	0	
15 2 O Proper disposition of unsafe food, returned food not re- served			0			27	0	0	×		Compliance with variance HACCP plan			0	0	5					
		_	_	God	d Retail Pra	ctices are p	reventive measures to o	ontro	l the	intr	oduc	tion	ofp	atho	gens	, chemicals, and phy	sical object	a into foods.		_	
											IL PR				-						
				OU	T=not in complia	ince compliance S	COS=cor	rected o	n-site							R-repeat (vi Compliance		me code provision)	COS	RI	WT
		OUT	_		5	ate Food and				_		0	UT	_		Utensils and E	quipment			~ 1	
2	8 9				ed eggs used w d ice from appro			+8	0	1	4	5 1	50A U.			nfood-contact surfaces cl and used	eanable, prope	rly designed,	0	0	1
3	0	O OUT	Varia	ince		ecialized proces d Temperature		0	0	1	4	6	0 1	Varew	ashin	g facilities, installed, main	tained, used, to	est strips	0	0	1
3	4	0					equipment for temperature	0	0	2	4			Vonfoo	d-con	tact surfaces clean			0	0	1
	2	-	contr		nonerly coole	ed for hot holdin	9	0	-			_	UT O	iot and	1 cold	Physical Fa water available; adequate			0	0	2
3	3	0	Appr	oved	thawing metho	ds used	9	0	0	1	4	9	Õ F	Numbi	ng ins	talled; proper backflow de	ivices		0	0	2
3	4	OUT	Ther	mom	eters provided	and accurate Food Identific	ation	0	0	1	5	_	-			waste water properly disp s: properly constructed, s		ьd	0	0	2
3	5	0	Food	i prop	erly labeled; or	riginal container,	required records available	0	0	1	5	2				use properly disposed; fac			0	0	1
		OUT			Preventi	ion of Feed Co	ontamination		—		5	3	o F	hysica	al faci	ities installed, maintained	, and clean		0	0	1
3	6	0	Inse	ots, ro	dents, and ani	mals not presen	ıt	0	0	2	5	4	0 /	Adequa	ite ve	ntilation and lighting; desi	gnated areas u	sed	0	0	1
3	7	0	Cont	amin	ation prevented	d during food pre	eparation, storage & display	0	0	1		0	TUK			Administrativ	e items				
3					cleanliness			0	0	1	5		_		-	nit posted			0	8	0
_	9 0		Wiping cloths; properly used and stored O O 1 5 Washing fruits and vegetables O O 1 5				56 O Most recent inspection posted Compliance Status							WT							
_	1	OUT	_	io i do	Pr nsils; properly :	oper Use of U	tensils		0			7	-	omoli	2000	Non-Smoker with TN Non-Smoker Prot	s Protection	Act		0	
4	2	0	Uten	sils, e	equipment and	linens; properly	stored, dried, handled	0	0	1	5	8		obacc	o pro	ducts offered for sale			80	ŏ	0
43 O Single-use/single-service articles; property stored, used O O 1 44 O Gloves used property O O 1																					
Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit, items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous																					
man	ner a	nd po	st the	most	recent inspectio	n report in a cons	picuous manner. You have the	ight to r	eques												
repo	n. T	.C.A.	sectio	ns (8-	9-1-1		1-709, 68-14-711, 68-14-715, 68-14					K	(()				. .	
_	2	S	K	Ś	- V - S -	9 1		/02/2	_	_	-	ľ		K	$ \Delta $			(06/0	2/2	
SIG	natu	re of	rers	on in	Charge	**** Addition:	al food safety information ca	in he f		Date				Envir			rvice ***				Date
						A GALLON R	a roos oners incontration of	110010	AND IN	- UT 101	I TICL	roniti,	. martin	our billing	10.00	contractoreren-100036	1100				

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
PH-2267 (Rev. 6-15)	Please call () 6153405620	to sign-up for a class.	RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: Waffle House #561 Establishment Number # 605211041

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
High Temp. Machine			161					

quipment Temperature					
Description	Temperature (Fahrenheit)				
Refrigerator	35				
4 door refrigerator	39				
3 door cooler	33				
Walk in cooler	35				

Food Temperature			
Description	State of Food	Temperature (Fahrenheit	
Diced ham in prep line coler	Cold Holding	42	
Sliced tomtato in prep line cooler	Cold Holding	41	
Chili in steam table	Hot Holding	144	

Total # 8

Repeated # 0

2: No employee health policy available and PIC did not have knowledge of symptoms and diseasses of food orne illness. CA: Employee health pollicy left.
22: Time in and tima out not written on tilt eggs upon arrival according to policy. CA: discussed with PIC and corrected during inspection, time noted.
26: Lond conjugate atom plates on shelf above grill. CA: mayod to

26: Hand sanitizer stored with clean plates on shelf above grill. CA: moved to another area.

34: Missing thermometer in prep cooler in the kitchen.

39: Wet wiping cloths stored in buckets containers without sanitizer.

45: Refrigerators door gasket broken in the kitchen.

47: Moldy ice machine inside panel.

47: 3 door reach in cooler with standing liquid on the bottom shelf.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Waffle House #561

Establishment Number : 605211041

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

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: Employees washed hands during inspection.

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: Food is from approved source.

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: (IN) All raw animal food is separated and protected as required.

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: (NO) No raw animal foods cooked during inspection.

17: (NA) No TCS foods reheated for hot holding.

18: (N.O.) No cooling of TCS foods during inspection.

19: Tcs foods are being held hot during inspection.

20: Tcs foods are being held cold during this inspection

21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.

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.

27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57: "No Smoking" signs or the international "No Smoking" symbol are conspicuously posted at every entrance. 58: No

***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.

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Establishment Name: Waffle House #561 Establishment Number: 605211041

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Waffle House #561

Establishment Number #: 605211041

Sources								
Source Type:	Water	Source:	City					
Source Type:	Food	Source:	US Foods					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						

Additional Comments