TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

	100																		
Staybridge Su			Staybridge S	Suites-Restau	rant					-				Fermer's Market Food Unit St Permanent O Mobile					
Address					350 22nd Av	venue North					_	Typ	xe of E	Establi	shme	O Temporary O Seasonal			
City					Nashville		Time in	12	2:3	6 F	PM	41		а ть	ma n	ut 01:05; PM AM/PM			
					10/25/202	22_Establishment						_			me or	<u>at 01:00,1111</u> AM/FM			
		on Da								_			d <u>0</u>						
			spec	tion	Routine	O Follow-up	O Complaint			O Pr	elimin	ary				nsultation/Other		E 0	
Risi	(Ca	tegor		and t	O1	X2	O3	beh		04	atc	omn	van			up Required O Yes 🕱 No Number of S d to the Centers for Disease Control and Preven		50	
L																control measures to prevent illness or injury.			
			uric de	alonat	ed compliance statu											INTERVENTIONS ach liem as applicable. Deduct points for category or subcat	egory.		
IN	⊨in c	ompli				ce NA=not applicable										spection R=repeat (violation of the same code provis	ion)		
F	-	our		110	Comp	pliance Status		cos	R	WT	F					Compliance Status Cooking and Reheating of Time/Temperature	cos	R	WT
			NA	NO	Person in charge p	Supervision resent, demonstrates	knowledge, and					IN	OUT	NA	NO	Control For Safety (TCS) Foods			
1	篇 IN	O	NA	NO	performs duties	Employee Health		0	0	5		0	0	00		Proper cooking time and temperatures Proper reheating procedures for hot holding	8	00	5
2	X	0				ood employee awaren	ess; reporting	_	0		Ë			NA		Cooling and Holding, Date Marking, and Time as	Ť		
3	8	0		110	,	iction and exclusion		0	0	Ľ						a Public Health Control			
4			NA			ed Hygienic Practic ng. drinking. or tobacc		0	0	5		0	0			Proper cooling time and temperature Proper hot holding temperatures	0	0	
4 5	XX IN	0	NA			eyes, nose, and mout		0	0	Ľ		14 14	0			Proper cold holding temperatures	0	8	5
6	X	001	NA		Hands clean and p	ng Contamination I roperly washed	by Hands	0	0							Proper date marking and disposition			
7	83	0	0	0		act with ready-to-eat fo	oods or approved	0	0	5	22	-	0 TUO	NA	NO	Time as a public health control: procedures and records	0	0	
8		0			alternate procedure Handwashing sinks	s properly supplied and	d accessible	0	0	2	23	IN O	001	100	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	0	0	-
9			NA	NO	Food obtained from	Approved Source			0		123	IN	OUT		NO	food Highly Susceptible Populations	-	<u> </u>	-
	<u>尚</u>		0	1	Food received at pr				6			-		_	NO		0		
11	×	0			Food in good condi	tion, safe, and unadul		0	0	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	•
12	0	0	X	0	destruction	vailable: shell stock ta	igs, parasite	0	0			IN	OUT			Chemicais			
43	IN S	OUT	NA	NO	Protec Food separated an	tion from Contamin	nation		0	4	25	0 底	00	X	J	Food additives: approved and properly used Toxic substances properly identified, stored, used	0	8	5
14	*	ŏ	0			ces: cleaned and sani	tized	_	ŏ		20	IN	_	NA	NO	Conformance with Approved Procedures	۲		_
15	1	0		·		of unsafe food, returne	ed food not re-	0	-		27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
			-		served			-								HWCCP pan			
L				Goo	d Retail Practic	es are preventive	measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical objects into foods.			
										ΠA			1CES	3					
⊢				00	T=not in compliance Comp	liance Status	COS=come		R		inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
	0	OUT	_			food and Water						0	UT			Utensiis and Equipment			
	8 9				d eggs used where ice from approved			8	00	2	4	5				prodecontact surfaces cleanable, properly designed, and used	0	0	1
3	0	OUT		ance o		zed processing metho mperature Control	ds	0	0	1	4	6 (0 10	Varew	ashin	g facilities, installed, maintained, used, test strips	0	0	1
E				er co		adequate equipment	for temperature				4	7 0		lonfoo	d-cor	ntact surfaces clean	0	0	1
	1	0	cont	lon	-			0	0	2		0	UT			Physical Facilities			
	2				properly cooked for thawing methods us			8	00	1	4	_	-			f water available; adequate pressure stalled; proper backflow devices		8	2
	4	ŏ	<u> </u>		eters provided and a			ŏ	ŏ	1	5	_				i waste water properly disposed	0	0	2
		OUT			Food	Identification			-		5	_				es: properly constructed, supplied, cleaned		0	1
3	5	0	Food	i prop	erly labeled; original	I container; required re	cords available	0	0	1	5	2	0 0	larbag	e/refi	use properly disposed; facilities maintained	0	이	1
		OUT				f Food Contaminat	ion		_		5	_	-			ilities installed, maintained, and clean	0	0	1
3	6	0	Inse	cts, ro	dents, and animals	not present		0	0	2	5	4 (0 A	dequa	ite ve	entilation and lighting; designated areas used	0	0	1
3	7	22	Cont	tamina	ation prevented duri	ng food preparation, s	torage & display	0	0	1		0	υτ			Administrative Items			
3	8	0	Pers	onal o	leanliness			0	0	1	5	_				nit posted	0	0	0
	9 0				ths; properly used a ruits and vegetables			0	00		5	6 (0 M	lost re	cent	inspection posted Compliance Status	0 VES	O NO	-
F.	0	OUT	_	ning i		Use of Utensils		-		1	H			_	_	Non-Smokers Protection Act	TEO	MO	***
4			In-us		nsils; properly stored	d	d have done		0		5	7				with TN Non-Smoker Protection Act	X		
	1		1.0	ISIIS, é	quipment and linens			0			5	<u>م</u>				ducts offered for sale roducts are sold, NSPA survey completed	8	0	0
	1 2 3	0	Uten	le-use	/single-service artic	s; properly stored, drie les; properly stored, u	sed	0	0	1	5	9		10Dac			· •		
	2	0	Sing	le-use	/single-service artic ed properly	s; properly stored, drie les; properly stored, u	sed	8	0	1	5	9	I	topac				0	
4 4 Failt	2 3 4	000	Sing Glov ect an	le-use les us y viola	/single-service artic ed properly tions of risk factor its	es; properly stored, u	sed may result in susper	O Ision o	0 f you	1 r food	servic	e esti	blishn	nent pe	ermit.	Repeated violation of an identical risk factor may result in revo	cation	of you	
4 Failt serv man	2 3 4 are to ice e	O O O stablin	Sing Glov ect an shmer	le-use les us y viola it perm	Vsingle-service artic ed properly ations of risk factor its nit. Items identified as recent inspection repo	les; properly stored, u ms within ten (10) days constituting imminent h nt in a conspicuous mar	may result in susper waith hazards shall b mer. You have the rig	oution of the complete to a	of you acted is	1 r food immed	servic	e esta or op	blishn	nent pe	ermit. I ceas		cation t in a	of you	icuour
4 Failt serv man	2 3 4 are to ice e	O O O stablin	Sing Glov ect an shmer	le-use les us y viola it perm	Vsingle-service artic ed properly ations of risk factor its nit. Items identified as recent inspection repo	les; properly stored, u ms within ten (10) days constituting imminent h	may result in susper waith hazards shall b mer. You have the rig	oution of the complete to a	of you acted is	1 r food immed	servic	e esta or op	blishn	nent pe	ermit. I ceas et by f	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment perm filing a written request with the Commissioner within ten (10) days	cation t in a	of you	icuour
4 Failt serv man	2 3 4 are to ice e	O O O stablin	Sing Glov ect an shmer	le-use les us y viola it perm	Vsingle-service artic ed properly ations of risk factor its nit. Items identified as recent inspection repo	les; properly stored, u ms within ten (10) days constituting imminent h nt in a conspicuous mar	may result in susper waith hazards shall b mer. You have the rig	vision of e correction pht to r 16, 4-5	of you seted i request -320.	1 immed it a hei	servic	e esta or op	blishn	nent pe	ermit. I ceas et by f	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment permi filing a written request with the Commissioner within ten (10) days	cation t in a	of you conspi date	of this
Faih serv man repo	2 3 4 are to fice e ner a et. T		Sing Glov ect an shmer set the sectio	le-use es us y viola t perm most s 68-	Vsingle-service artic ed properly ations of risk factor its nit. Items identified as recent inspection repo	les; properly stored, u ms within ten (10) days constituting imminent h nt in a conspicuous mar	sed may result in susper waith hazards shall b mer. You have the rig 11, 68-14-715, 68-14-7	vision of e correction pht to r 16, 4-5	o f you scied i -328. 2022	1 immed it a hei	servic iately aring r	e esta or op ogard			ermit. I ceas et by f	Repeated violation of an identical risk factor may result in revo e. You are required to post the food service establishment permi filing a written request with the Commissioner within ten (10) days	cation it in a s of th	of you conspi date	of this

PH-2267 (Rev. 6-15)	Free food safety training classes are available each month at the county health depa	irtment. RDA 629
(Nev. 0-10)	Please call () 6153405620 to sign-up for a class.	101020

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Staybridge Suites-Restaurant Establishment Number #: 605304909

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							
Low temp dish washer	Heat		170							

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Reach In Cooler	36				
Reach In Freezer	-4				
Walk in freezer	0				
Walk in cooler	32				

Food Temperature						
renheit)						

Observed Viol	ations
---------------	--------

Total #

Repeated # 0

37: Boxes of eggs and tomatoes stored directly on the floor in kitchen area

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Staybridge Suites-Restaurant

Establishment Number : 605304909

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: Observed

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: Next page
- 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: (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: Check temp log
- 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 Information

Establishment Name: Staybridge Suites-Restaurant Establishment Number: 605304909

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Staybridge Suites-Restaurant Establishment Number #: 605304909

Sources				
Source Type:	Food	Source:	US foods	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments