

Establishment Name

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

Nashville Time in 06:05 AM AM / PM Time out 06:45: AM AM / PM 12/19/2023 Establishment # 605306903 Embargoed 0 Inspection Date

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

Number of Seats 100 Risk Category О3 04 Follow-up Required O Yes 疑 No

| 12 | 4 =in c | ompli | ence | | OUT=not in compliance NA=not applicable NO=not observe | ed | | C | 05=0 | com | ecte | d |
|----|----------------|-------|------|----|---|-----|---|-----|------|--------|------|---|
| | | | | | Compliance Status | cos | R | WT | 10 | | | _ |
| | IN | OUT | NA | NO | Supervision | | | | П | Т | IN | Į |
| 1 | × | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | ŀ | 16 | 0 | ŀ |
| | IN | OUT | NA | NO | Employee Health | | | | | | Ô | t |
| 2 | 300 | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | 1 1 | \top | | Ì |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | Н | | IN | ı |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 17 | 18 | 0 | ľ |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 113 | 19 | × | Ì |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | l ° | 1 7 | 200 | 1 | ľ |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 1 [3 | 21 | × | Ī |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | ΙĮ | 22 | 0 | Ī |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 | H | | IN | ŀ |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 1 17 | 23 | 0 | ľ |
| | IN | OUT | NA | NO | Approved Source | | | | ΙĽ | -3 | _ | L |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | | П | Т | IN | ĺ |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | | ΙŒ | 14 | 0 | Ī |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | ľ | " | • | l |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | | IN | |
| | | OUT | NA | NO | Protection from Contamination | | | | 1 [3 | 25 | 0 | Ī |
| 13 | Ä | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 1 [3 | 26 | Ř | Ī |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | ۱Г | Т | IN | ĺ |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | | 27 | 0 | |

La Quinta Inn Kitchen

315 interstate drive

| | | | | | Compliance Status | COS | R | WT |
|----|----|-----|----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 寒 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 3% | 0 | Proper reheating procedures for hot holding | 0 | 0 | |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | X | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 24 | 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 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | X | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 菜 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

the introduction of pathogo s, 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 | Ι. |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Т |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 |
| | 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 | Ī |
| 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 | Г |
| | 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 | |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| spect | ion | R-repeat (violation of the same code provision | | | |
|-------|-----|--|-------|----|-----|
| | | Compliance Status | COS | R | WT |
| | 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 | 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 | 1 |
| 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 | 1 |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | 6 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | · · |
| | | Compliance Status | YES | NO | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 120 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | _ 0 | 0 | |

manner. You have the right to request a hi -14-711, 68-14-715, 68-14-716, 4-5-320. n (10) days of the date of the

12/19/2023

12/19/2023

Signature of Person In Charge

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Date

Free food safety training classes are available each month at the county health department.) 6153405620 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: La Quinta Inn Kitchen
Establishment Number ≠: |605306903

| 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 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 inflitrating into areas where smoking is prohibited. | |
| Smoking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | | |
|--|------------------|-----|---------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenhelt) | | | | | | |
| Three compartment sink High temp dish machine | Sink and surface | 700 | 160 | | | | | | |

| Equipment Temperature | | | | | | | |
|--------------------------|---------------------------|--|--|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | | | |
| Prep cooler | 32 | | | | | | |
| Lunch food drawer cooler | 33 | | | | | | |
| Walk in freezer | -2 | | | | | | |
| | | | | | | | |

| State of Food Cold Holding | Temperature (Fahrenheit) |
|-------------------------------|---------------------------|
| Cold Holding | |
| | 36 |
| Cold Holding | 40 |
| Hot Holding | 145 |
| Hot Holding | 169 |
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| | |
| | Hot Holding |

| Observed Violations | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Total # 2 | | | | | | | | | |
| Repeated # () | | | | | | | | | |
| 47: Food debris along prep cooler doors and along the side of the prep cooler. 47: Food buildup behind fryer and grill along back wall. | | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: La Quinta Inn Kitchen

Establishment Number: 605306903

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Written policy posted.
- 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 proper hand washing.
- 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: See sources
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No TCS food cooled for later service.
- 19: See temps
- 20: See temps
- 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:

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.

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Establishment Information

| Establishment Infor | | | | |
|-------------------------|----------------------|---------|----------|--|
| | a Quinta Inn Kitchen | | | |
| Establishment Number #: | 605306903 | | | |
| | | | | |
| Sources | | | | |
| Source Type: | Food | Source: | US Foods | |
| Source Type: | Water | Source: | City | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Additional Comme | nts | | | |
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