



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE  
**100**

Establishment Name Quality Suites - Breakfast Type of Establishment  Farmer's Market Food Unit  Permanent  Mobile  
 Address 2615 Elm Hill Pike.  Temporary  Seasonal  
 City Nashville Time in 09:45 AM AM / PM Time out 10:30 AM AM / PM  
 Inspection Date 08/20/2021 Establishment # 605079453 Embargoed 0  
 Purpose of Inspection  Routine  Follow-up  Complaint  Preliminary  Consultation/Other  
 Risk Category  1  2  3  4 Follow-up Required  Yes  No Number of Seats 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 numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Supervision</b>							
1	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>					5
3	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>					5
5	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>					5
7	<input checked="" type="radio"/>	<input type="radio"/>					5
8	<input checked="" type="radio"/>	<input type="radio"/>					2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>					5
10	<input checked="" type="radio"/>	<input type="radio"/>					5
11	<input checked="" type="radio"/>	<input type="radio"/>					5
12	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>					4
14	<input checked="" type="radio"/>	<input type="radio"/>					5
15	<input checked="" type="radio"/>	<input type="radio"/>					2

  

Compliance Status					COS	R	WT
IN	OUT	NA	NO				
<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>							
16	<input checked="" type="radio"/>	<input type="radio"/>					5
17	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>							
18	<input checked="" type="radio"/>	<input type="radio"/>					5
19	<input checked="" type="radio"/>	<input type="radio"/>					5
20	<input checked="" type="radio"/>	<input type="radio"/>					5
21	<input checked="" type="radio"/>	<input type="radio"/>					5
22	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Consumer Advisory</b>							
23	<input checked="" type="radio"/>	<input type="radio"/>					4
<b>Highly Susceptible Populations</b>							
24	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Chemicals</b>							
25	<input checked="" type="radio"/>	<input type="radio"/>					5
26	<input checked="" type="radio"/>	<input type="radio"/>					5
<b>Conformance with Approved Procedures</b>							
27	<input checked="" type="radio"/>	<input type="radio"/>					5

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

### GOOD RETAIL PRACTICES

Compliance Status					COS	R	WT
OUT							
<b>Safe Food and Water</b>							
28	<input checked="" type="radio"/>						1
29	<input checked="" type="radio"/>						2
30	<input checked="" type="radio"/>						1
<b>Food Temperature Control</b>							
31	<input checked="" type="radio"/>						2
32	<input checked="" type="radio"/>						1
33	<input checked="" type="radio"/>						1
34	<input checked="" type="radio"/>						1
<b>Food Identification</b>							
35	<input checked="" type="radio"/>						1
<b>Prevention of Food Contamination</b>							
36	<input checked="" type="radio"/>						2
37	<input checked="" type="radio"/>						1
38	<input checked="" type="radio"/>						1
39	<input checked="" type="radio"/>						1
40	<input checked="" type="radio"/>						1
<b>Proper Use of Utensils</b>							
41	<input checked="" type="radio"/>						1
42	<input checked="" type="radio"/>						1
43	<input checked="" type="radio"/>						1
44	<input checked="" type="radio"/>						1

  

Compliance Status					COS	R	WT
OUT							
<b>Utensils and Equipment</b>							
45	<input checked="" type="radio"/>						1
46	<input checked="" type="radio"/>						1
47	<input checked="" type="radio"/>						1
<b>Physical Facilities</b>							
48	<input checked="" type="radio"/>						2
49	<input checked="" type="radio"/>						2
50	<input checked="" type="radio"/>						2
51	<input checked="" type="radio"/>						1
52	<input checked="" type="radio"/>						1
53	<input checked="" type="radio"/>						1
54	<input checked="" type="radio"/>						1
<b>Administrative Items</b>							
55	<input checked="" type="radio"/>						0
56	<input checked="" type="radio"/>						0
<b>Compliance Status</b>							
<b>Non-Smokers Protection Act</b>							
57	<input checked="" type="radio"/>						0
58	<input checked="" type="radio"/>						0
59	<input checked="" type="radio"/>						0

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 manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

[Signature] P.P. 08/20/2021 [Signature] 08/20/2021  
 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



**Establishment Information**

Establishment Name: Quality Suites - Breakfast  
 Establishment 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 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 infiltrating into areas where smoking is prohibited.
- Smoking observed where smoking is prohibited by the Act.

**Warewashing Info**

Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)
Triple sink	Chlorine	100	

**Equipment Temperature**

Description	Temperature ( Fahrenheit)
Reach in freezer	-10
Reach in cooler	37
Reach in cooler	38
Reach in cooler front	36

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)
Cream cheese reach in cooler	Cold Holding	39
Yogurt reach in cooler front	Cold Holding	41
Sausage front line	Hot Holding	157
Eggs front line	Hot Holding	150



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**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:
- 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:
- 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:
- 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: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: Temperatures recorded on report
- 20: Temperatures recorded on report
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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***

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***Comments/Other Observations (cont'd)***

***Additional Comments (cont'd)***

***See last page for additional comments.***

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**Sources**

Source Type: Source:

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**Additional Comments**