



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

84

Establishment Name Wing Stop Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 3006 S Rutherford Blvd Suite B ☐ Temporary ☐ Seasonal
City Murfreesboro Time in 01:22 PM AM / PM Time out 01:59 PM AM / PM
Inspection Date 07/01/2022 Establishment # 605242170 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 12

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.)

| IN=in compliance | | | | | OUT=not in compliance | | | | | NA=not applicable | | | | | NO=not observed | | | | | COS=corrected on-site during inspection | | | | | R=repeat (violation of the same code provision) | | | | |
|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|-------------------|--|--|--|--|-------------------------------------|--------------------------|---|--|--|---|--|--|--|--|---|--|--|--|--|
| Compliance Status | | | | | | | | | | COS | | | | | R | | | | | WT | | | | | | | | | |
| | IN | OUT | NA | NO | Supervision | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Person in charge present, demonstrates knowledge, and performs duties | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| | IN | OUT | NA | NO | Employee Health | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Management and food employee awareness, reporting | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Proper use of restriction and exclusion | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Hands clean and properly washed | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Handwashing sinks properly supplied and accessible | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | | | | | | | | | | |
| | IN | OUT | NA | NO | Approved Source | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Food obtained from approved source | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Food in good condition, safe, and unadulterated | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: shell stock tags, parasite destruction | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | | | | | | | | | | | |
| | IN | OUT | NA | NO | Protection from Contamination | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Food separated and protected | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | | | | | | |
| 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Food-contact surfaces: cleaned and sanitized | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Proper disposition of unsafe food, returned food not re-served | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | | | | | | | | | | |

| Compliance Status | | | | | | | | | | COS | | | | | R | | | | | WT | | | | |
|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|-----|--|--|--|--|-------------------------------------|--------------------------|---|--|--|----|--|--|--|--|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | | | | | | | | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time and temperatures | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | IN | OUT | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | | | | | | | | | | | | | | | | | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time and temperature | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| 20 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Proper cold holding temperatures | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper date marking and disposition | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | | | | | | |
| | IN | OUT | NA | NO | Consumer Advisory | | | | | | | | | | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Consumer advisory provided for raw and undercooked food | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | | | | | | | | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Pasteurized foods used; prohibited foods not offered | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |
| | IN | OUT | NA | NO | Chemicals | | | | | | | | | | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Food additives: approved and properly used | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |
| 26 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | Toxic substances properly identified, stored, used | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | | | | | | | | | | | | | | | | | |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Compliance with variance, specialized process, and HACCP plan | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | | | | | |

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

GOOD RETAIL PRACTICES

| OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision) | | | | | Compliance Status | | | Compliance Status | | |
|---|--|--|--|--|----------------------------------|--|--|----------------------------|--|--|
| | | | | | OUT | | | OUT | | |
| | | | | | Safe Food and Water | | | Utensils and Equipment | | |
| 28 | | | | | | | | | | |
| 29 | | | | | | | | | | |
| 30 | | | | | | | | | | |
| | | | | | Food Temperature Control | | | Physical Facilities | | |
| 31 | | | | | | | | | | |
| 32 | | | | | | | | | | |
| 33 | | | | | | | | | | |
| 34 | | | | | | | | | | |
| | | | | | Food Identification | | | Administrative Items | | |
| 35 | | | | | | | | | | |
| | | | | | Prevention of Food Contamination | | | Compliance Status | | |
| 36 | | | | | | | | | | |
| 37 | | | | | | | | | | |
| 38 | | | | | | | | | | |
| 39 | | | | | | | | | | |
| 40 | | | | | | | | | | |
| | | | | | Proper Use of Utensils | | | Non-Smokers Protection Act | | |
| 41 | | | | | | | | | | |
| 42 | | | | | | | | | | |
| 43 | | | | | | | | | | |
| 44 | | | | | | | | | | |

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, 4-5-329.

Signature of Person In Charge Jonnie Sneed Date 07/01/2022 Signature of Environmental Health Specialist Sh Go Date 07/01/2022

**** 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: Wing Stop
Establishment Number #: 605242170

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) |
|-----------------------------|----------------|-----|---------------------------|
| 3 comp not set up correctly | Quat | 200 | |

Equipment Temperature

| Description | Temperature (Fahrenheit) |
|-------------|---------------------------|
| | |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|--|---------------|---------------------------|
| Container of wings sitting out stored in another | Cold Holding | 46 |
| Nach cheese in dispensar | Hot Holding | 140 |
| Chicken wings in ric | Cold Holding | 40 |
| Wings in wic | Cold Holding | 38 |
| Tarter sauce in wic | Cold Holding | 39 |

Observed Violations

Total # 4

Repeated # 0

14: 3 comp set up incorrectly has wash side filled with dishes but sanitizer is not set up. Cos by having pic fill sanitizer
20: Chicken wings sitting out. Cos by placing back in cooler and advising this current method of keeping wings cool is not working.
26: Gallon jug of non commercial use raid stored by wic. Cos by discarding.
45: Several fryer baskets have broken wires.

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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: Observed good 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 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.
- 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: In range.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 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.
- 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: Wing Stop

Establishment Number : 605242170

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

