

Risk Category

Purpose of Inspection O Routine

# FOOD SER

NNE5	SEE DE	PARIMEN	T OF	HEALTH		
RVICE	ESTAB	BLISHMEN'	T INS	PECTION	REPORT	

O Consultation/Other

Follow-up Required

O Yes 🕱 No

SCORE

	RESIDENCE INN GREEN HILLS		O Farmer's Marke	10		
stablishment Name		Type of Establishment	Permanent	O Mobile	1:	
ddress	3807 CLEGHORN AVE	Type of Cambridge Inch.		O Seasonal		
ity	Nashville Time in 07:40 AM	AM / PM Time out	07:50 AM	AM / PM		
spection Date	05/08/2024 Establishment # 605257326 Emit	pargoed O				

O Complaint

**O**3

ase Control and Prevention

O Preliminary

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS T, HA, HO) for each numbered item. For Items marked OUT, mark COS or R for each item as applicable.

12	<b>4</b> =in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		C
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			******
2	DK.	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	-
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	•
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	0	0	窳		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	涎	0			Proper disposition of unsafe food, returned food not re-	0	0	2

獅 Follow-up

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	×	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	335		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	<b>X</b>		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	冥		Compliance with variance, specialized process, and HACCP plan	0	0	5

### s to control the introduction of pathogens, chemicals, and physical objects into foods.

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			GOO	OD F	ŒΙ.	ΙL	PRA	стіс	53
		OUT=not in compliance COS=com-	ected o	n-sib	e durir	gir	specti	on	R-repeat (violation of the same code provision
		Compliance Status			WT				Compliance Status
	OUT	Safe Food and Water				1		OUT	Utensiis and Equipment
28	0	Pasteurized eggs used where required	0	ТО	1	1	45	0	Food and nonfood-contact surfaces cleanable, properly designed,
29	0	Water and ice from approved source	0	0	2	1	40		constructed, and used
30	0	Variance obtained for specialized processing methods	0	0	1	1	46	0	Warewashing facilities, installed, maintained, used, test strips
	OUT	Food Temperature Control				]	40	_	vvarewasinig lacilizes, ilistatieu, maintanieu, useu, test suips
	_	Proper cooling methods used; adequate equipment for temperature		┰	Τ.	П	47	0	Nonfood-contact surfaces clean
31	0	control	0	0	2	Ш		OUT	Physical Facilities
32	0	Plant food properly cooked for hot holding	0	0	1	1	48	0	Hot and cold water available; adequate pressure
33	0	Approved thawing methods used	0	0	1	1	49		Plumbing installed, proper backflow devices
34	0	Thermometers provided and accurate	0	0	1	1	50	0	Sewage and waste water properly disposed
	OUT	Food Identification			_	1	51	0	Toilet facilities: properly constructed, supplied, cleaned
35	0	Food properly labeled; original container, required records available	0	0	1	1	52	0	Garbage/refuse properly disposed; facilities maintained
	OUT	Prevention of Feed Contamination				1	53	0	Physical facilities installed, maintained, and clean
36	0	Insects, rodents, and animals not present	0	0	2		54	0	Adequate ventilation and lighting; designated areas used
37	246	Contamination prevented during food preparation, storage & display	0	0	1			OUT	Administrative Items
38	0	Personal cleanliness	0	ТО	1	П	55	0	Current permit posted
39	0	Wiping cloths; properly used and stored	0	0	1	1	56	0	Most recent inspection posted
40	0	Washing fruits and vegetables	0	0	1	1			Compliance Status
	OUT	Proper Use of Utensils				1			Non-Smokers Protection Act
41	0	In-use utensils; properly stored	0	10	1	]	57		Compliance with TN Non-Smoker Protection Act
42		Utensils, equipment and linens; properly stored, dried, handled	0	0	_	]	58		Tobacco products offered for sale
43		Single-use/single-service articles; properly stored, used	0	0	_	]	59		If tobacco products are sold, NSPA survey completed
44	0	Gloves used properly	0	10	1	1			·

ed violation of an identical risk factor may result in revocation of your for are required to post the food service establishment permit in a conspicuou e most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by fili ons 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ithin ten (10) days of the date of th

05/08/2024

Signature of Person In Charge

Shenares Signature of Environmental Health Specialist 05/08/2024

Date

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\*\*\*\* 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. PH-2267 (Rev. 6-15) RDA 629 ) 6153405620 Please call ( to sign-up for a class.

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information								
Establishment Name: RESIDENCE INN GREEN HILLS								
Establishment Number # [605257326								
MCDA Common To be commissed if	#F7 := #M=#							
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to n	ersons who are					
twenty-one (21) years of age or older.								
Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable for	m of identification.					
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at ever	y entrance.					
Garage type doors in non-enclosed areas are r	not completely open.							
Tents or awnings with removable sides or vents	s in non-enclosed areas are n	not completely removed	or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is p	rohibited.						
Smoking observed where smoking is prohibited	i by the Act.							
				_				
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renhelt)				
			•					
Equipment Temperature								
Description			Temperature ( Fah	renhelt)				
			-					
Food Temperature								
Description		State of Food	Temperature ( Fah	renhelt)				
I		I	I					

Observed Violations	
Total # 1	
Repeated # ()	
37:	
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Name: RESIDENCE INN GREEN HILLS

Establishment Information



	Comments/Other Observations		
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See	last	page	for	additional	comments.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

omments/Other Observation	s (cont'd)	
dditional Comments (cont'd)		
ee last page for additi	onal comments.	

Establishment Information

Establishment Name: RESIDENCE INN GREEN HILLS							
Establishment Number #. 605257326							
Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							

Establishment Information