

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SC	o	R	ĺ
-	J		ļ

99

Wing Stop

Address

O Farmer's Market Food Unit

Property of Establishment

O Temporary O Seasonal

Murfreesboro

Time in 11:03 AM AM / PM Time out 11:42; AM AM / PM

Inspection Date 01/20/2022 Establishment # 605242170 Embargoed 0

Purpose of Inspection MRoutine O Follow-up O Complaint O Preliminary O Consultation/Other

Risk Category O1 X2 O3 O4 Follow-up Required O Yes X 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

tisk 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 (IM, OUT, MA, MO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

12	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		CC)\$=co	rrecte	d on-si	te duri	ng ins	spection
					Compliance Status	COS	R	WT						
	IN	оит	NA	NO	Supervision					IN	оит	NA	NO	Cook
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	0	S.	Proper c
	IN	OUT	NA	NO	Employee Health		-	_	17		ŏ	ŏ	8	Proper re
2	MC	0	-		Management and food employee awareness, reporting	0	ТО		<u> </u>	Ť	Ť	Ť	-	Cooling
3	×	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	NA	NO	Cooming
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	涎	Proper c
4	300	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	·	19	0	0	0	黨	Proper h
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l ° l	20	125	0	0		Proper c
	IN	OUT	NA	NO	Proventing Contamination by Hands				21	0	0	0	24	Proper d
6	滋	0		0	Hands clean and properly washed	0	0		22	0	0	0	鋖	Time as
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_	_		THIRD GO
Ŀ	-		ŭ	_	alternate procedures followed	_	_	Щ		IN	OUT	NA	NO	_
8	氮	0		1100	Handwashing sinks properly supplied and accessible	0	0	2	23	0	ΙoΙ	×		Consum
	IN		NA	NO	Approved Source	-		_		_				food
9	黨	0	_	_	Food obtained from approved source	0	0			IN	OUT	NA	NO	
10	0	0	0	<u>×</u>	Food received at proper temperature	0	0	5	24	0	l٥l	333		Pasteuri
11	×	0		_	Food in good condition, safe, and unadulterated	0	0	l ° l		_	_	-		
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ОUТ	NA	NO	
	IN	OUT	NA	NO	Protection from Contamination				25		0	X		Food ad
13	黛	0	0		Food separated and protected	0	0	4	26	窦	0		1	Taxic su
14	×	0	0	1	Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Ce
15	涎	0			Proper disposition of unsafe food, returned food not re-	0	0	2	27	0	0	×		Complian
10	100	_			served	١,	١,٠		2"	١,	1	240		HACCP

ш	Compliance Status							
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	寒	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	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	×	Proper cooling time and temperature	0	0	
19		0	0	文	Proper hot holding temperatures	0	0	
20	245	0	0	L.	Proper cold holding temperatures	0	0	5
21	0	0	0	200	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	Ж		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25	0		X		Food additives: approved and properly used	0	0	- 5
26	黨	0			oxic substances properly identified, stored, used		0	
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	冥		Compliance with variance, specialized process, and HACCP plan	0	0	5

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

			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	1
34	0	Thermometers provided and accurate	0	0	Т
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	885	Contamination prevented during food preparation, storage & display	0	0	
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	

specti	ion	R-repeat (violation of the same code provision)		
		Compliance Status	cos	R	WT
	OUT	Utensiis 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	0	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	Т		
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	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, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Johns She

Signature of Person In Charge

01/20/2022

Date Signature of Environmental Health Specialist

01/20/2022

Date

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

PH-2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department.
Please call () 6158987889 to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information
Establishment Name: Wing Stop
Establishment Number #: 605242170

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.	\neg
arage type doors in non-enclosed areas are not completely open.	\neg
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	\top
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	\top
moking observed where smoking is prohibited by the Act.	+

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
3 comp set up	Quat	200						
			I					

Equipment Temperature					
Description	Temperature (Fahrenheit)				

Food Temperature					
State of Food	Temperature (Fahrenheit)				
Cold Holding	40				
Cold Holding	41				
Cold Holding	40				
Cold Holding	40				
Cold Holding	41				
	Cold Holding Cold Holding Cold Holding Cold Holding				

Observed Violations							
Total #							
Repeated # ()							
37: Using round cup with no handle as scoop in flour bin.							
***See page at the end of this document for any violations that could not be displayed in this space.							

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Wing Stop
Establishment Number: 605242170

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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.
- 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: In range. See temp log.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Wing Stop	
Establishment Number: 605242170	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information				
Establishment Name: Wing Stop				
Establishment Number #:	605242170			

Sources				
Source Type:	Food	Source:	Pfg	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comments				