

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Comfort Suites Food Remanent O Mobile Establishment Name Type of Establishment 600 Red Ink Dr. O Temporary O Seasonal Address **Mount Juliet** Time in 09:25 AM AM / PM Time out 09:55: AM AM / PM City 10/25/2021 Establishment # 605214007 Embargoed 0 Inspection Date Purpose of Inspection **E**Routine O Follow-up O Complaint O Preliminary O Consultation/Other

Number of Seats 44

Follow-up Required

О3

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

117	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	id		0
	Compliance Status							WT
	IN	OUT	NA	NO	Supervision			
1	邕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭK	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	300	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	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	Ŕ	0	0		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- served	0	0	2

	Compliance Status						R	WT		
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
16	-	0	0	黨	Proper cooking time and temperatures	0	0	5		
17	0	0	0	X	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	0	Proper hot holding temperatures	0	0			
20		0	0		Proper cold holding temperatures	0	0	5		
21	*	0	0	0	Proper date marking and disposition	0	0	•		
22	_	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	OUT	NA	NO	Chemicals					
25		0	X		Food additives: approved and properly used	0	0	5		
26	黨	0			Toxic substances properly identified, stored, used	0	0	,		
	IN	OUT	NA	NO	Conformance with Approved Procedures	Conformance with Approved Procedures				
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5		

O Yes 疑 No

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

L PRACTICES

			G00		
		OUT=not in compliance COS=corr			
	OUT	Compliance Status Safe Food and Water	cos	K	w
00	-		-		
28	0	Pasteurized eggs used where required	0	0	Ľ
29	0	Water and ice from approved source	0	0	Ľ
30	0	Variance obtained for specialized processing methods	0	0	Ŀ
	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	
34	0	Thermometers provided and accurate	0	0	Г
	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	1
37	0	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	Г
40	0	Washing fruits and vegetables	0	0	
	OUT	Proper Use of Utensils			Т
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	Г
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 norfood-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	題	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	×	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

icuous manner. You have the right to request a ten (10) days of the date of the

10/25/2021

10/25/2021

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: Comfort Suites Food
Establishment Number #: |605214007

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 ( Fahrenheit)			
			[			

Equipment Temperature					
Description	Temperature ( Fahrenheit)				
Ric	39				
Ric	37				
Ric	30				

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit)
Eggs	Hot Holding	138
Eggs	Cold Holding	41
Milk	Cold Holding	40

Observed Violations							
Total # 1							
Repeated # ()							
55: Permit posted expired June 2012							
****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: Comfort Suites Food Establishment Number: 605214007

## 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: Employee cleaning during inspections not food prepped
- 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 info
- 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: See food temps
- 20: See food 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.

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

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

Establishment Name: Comfort Suites Food Establishment Number: 605214007	
ESTABLISH THE TRANSPORT OF THE TOTAL OF THE	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information							
Establishment Name: Comfort Suites Food							
Establishment Number #;	605214007						
NACCO CONTRACTOR OF THE PROPERTY OF THE PROPER							
Sources							
Source Type:	Food	Source:	Sysco				
Source Type:	Water	Source:	City				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Comme	nts						
3 comp sink not set	up						