



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

100

Establishment Name COMFORT SUITES RESTAURANT Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 2521 ELM HILL PK ☐ Temporary ☐ Seasonal
City Nashville Time in 08:40 AM AM / PM Time out 09:05 AM AM / PM
Inspection Date 05/07/2024 Establishment # 605260274 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 40

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								
Supervision																													
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties										O	O	5												
Employee Health																													
2	IN	OUT	NA	NO	Management and food employee awareness, reporting										O	O	5												
3	IN	OUT	NA	NO	Proper use of restriction and exclusion										O	O	5												
Good Hygienic Practices																													
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use										O	O	5												
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth										O	O	5												
Preventing Contamination by Hands																													
6	IN	OUT	NA	NO	Hands clean and properly washed										O	O	5												
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed										O	O	5												
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible										O	O	2												
Approved Source																													
9	IN	OUT	NA	NO	Food obtained from approved source										O	O	5												
10	IN	OUT	NA	NO	Food received at proper temperature										O	O	5												
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated										O	O	5												
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction										O	O	5												
Protection from Contamination																													
13	IN	OUT	NA	NO	Food separated and protected										O	O	4												
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized										O	O	5												
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served										O	O	2												

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

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

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)													
Compliance Status															COS			R			WT		
Safe Food and Water																							
28	OUT	Pasteurized eggs used where required										O	O	1									
29	OUT	Water and ice from approved source										O	O	2									
30	OUT	Variance obtained for specialized processing methods										O	O	1									
Food Temperature Control																							
31	OUT	Proper cooling methods used; adequate equipment for temperature control										O	O	2									
32	OUT	Plant food properly cooked for hot holding										O	O	1									
33	OUT	Approved thawing methods used										O	O	1									
34	OUT	Thermometers provided and accurate										O	O	1									
Food Identification																							
35	OUT	Food properly labeled; original container; required records available										O	O	1									
Prevention of Food Contamination																							
36	OUT	Insects, rodents, and animals not present										O	O	2									
37	OUT	Contamination prevented during food preparation, storage & display										O	O	1									
38	OUT	Personal cleanliness										O	O	1									
39	OUT	Wiping cloths: properly used and stored										O	O	1									
40	OUT	Washing fruits and vegetables										O	O	1									
Proper Use of Utensils																							
41	OUT	In-use utensils; properly stored										O	O	1									
42	OUT	Utensils, equipment and linens; properly stored, dried, handled										O	O	1									
43	OUT	Single-use/single-service articles; properly stored, used										O	O	1									
44	OUT	Gloves used properly										O	O	1									

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Compliance Status															COS			R			WT		
Utensils and Equipment																							
45	OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used										O	O	1									
46	OUT	Warewashing facilities, installed, maintained, used, test strips										O	O	1									
47	OUT	Nonfood-contact surfaces clean										O	O	1									
Physical Facilities																							
48	OUT	Hot and cold water available; adequate pressure										O	O	2									
49	OUT	Plumbing installed; proper backflow devices										O	O	2									
50	OUT	Sewage and waste water properly disposed										O	O	2									
51	OUT	Toilet facilities: properly constructed, supplied, cleaned										O	O	1									
52	OUT	Garbage/refuse properly disposed; facilities maintained										O	O	1									
53	OUT	Physical facilities installed, maintained, and clean										O	O	1									
54	OUT	Adequate ventilation and lighting; designated areas used										O	O	1									
Administrative Items																							
55	OUT	Current permit posted										O	O	0									
56	OUT	Most recent inspection posted										O	O	0									
Compliance Status															YES			NO			WT		
Non-Smokers Protection Act																							
57	OUT	Compliance with TN Non-Smoker Protection Act										O	O	0									
58	OUT	Tobacco products offered for sale										O	O	0									
59	OUT	If tobacco products are sold, NSPA survey completed										O	O	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.

Signature of Person in Charge Brooklyn P. Date 05/07/2024 Signature of Environmental Health Specialist Brooklyn P. Date 05/07/2024

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

Establishment Number #: 605260274

Smoking observed where smoking is prohibited by the Act.

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
Three compartment sink (not	QA		

Description	Temperature (Fahrenheit)
Reach in cooler 1	36
Reach in freezer 1	-10
Reach in freezer 2	-4
Glass cooler	48

Description	State of Food	Temperature (Fahrenheit)
Open gallon of milk in reach in cooler	Cold Holding	37
Precooked eggs in reach in cooler	Cold Holding	40
Cooked sausage patty on buffet	Hot Holding	165
Cooked eggs on buffet	Hot Holding	171

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: COMFORT SUITES RESTAURANT

Establishment Number : 605260274

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Written policy posted.
- 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: No violations observed.
- 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 sources
- 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: No raw animal foods served.
- 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: No TCS foods cooled.
- 19: See temps
- 20: See temps
- 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.
- 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: "No Smoking" signs or the international "No Smoking" symbol are conspicuously posted at every entrance.
- 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: COMFORT SUITES RESTAURANT

Establishment Number : 605260274

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

Establishment Information

Establishment Name: COMFORT SUITES RESTAURANT

Establishment Number #:	605260274
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Sources

Source Type:	Food
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Source: Sysco

Source Type:	Water
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Source:	City
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Source Type:

Source:

Source Type:

Source:

Source Type:

Source:

Additional Comments