TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Contraction of the local distance	C.C.C.		A.C.													O Fermer's Market Food Unit)	
Establishment Name			t Nar	ne ,	WAFFLE HOUSE #473						Type of Establishment Server's Merket Food Unit Server's Merket Food Unit Server's Merket Food Unit							5	
				4301 SIDCC	01 SIDCO DRIVE							O Temporary O Seasonal							
City	/				Nashville		Time in	02	2:1	0 F	PM	_ AI	M/P	м ті	me o	ut 03:05; PM AM / PM			
Ins	pectic	n Da	rte	(04/19/202	24 Establishment #	60524925	0			Emba	irgoe	d O)					
Pu	pose	of In:	spec		Routine	O Follow-up	O Complaint			- O Pre			-		Cor	nsultation/Other			
Ris	k Cat	egon	,		01	<u>38</u> 2	03			O 4				Fo	low-	up Required 🕱 Yes O No Number of S	Seats	44	
		R	isk													I to the Centers for Disease Control and Preven control measures to prevent illness or injury.			
				as c	ontributing fact											INTERVENTIONS			
		(He	rk de	algnat	ed compliance statu											ach item as applicable. Deduct points for category or subcat	9967)	
10	≱in c	ompile	ance			ce NA=not applicable	NO=not observe	d COS	R		S=cor	recte	d on-s	ite duri	ing ins	pection R=repeat (violation of the same code provis Compliance Status		R	WT
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature			
1	鬣	0			Person in charge p performs duties	resent, demonstrates k	nowledge, and	0	0	5	16	0	0	0	*	Control For Safety (TCS) Foods Proper cooking time and temperatures	0	ा	
2	IN XX	олт О	NA			Employee Health ood employee awarene	ss: reporting	0				ò	ò	0	X	Proper reheating procedures for hot holding	0	0	5
3	×	ŏ				iction and exclusion	ioo, reporting	ŏ	ŏ	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
		ουτ	NA			d Hygienic Practice					18		0	0	-	Proper cooling time and temperature	0		
4	XX	읭				ng, drinking, or tobacco eyes, nose, and mouth		0	0	5		100	0	0		Proper hot holding temperatures Proper cold holding temperatures	0	8	
6	IN	OUT O	NA		Preventi Hands clean and p	ng Contamination b	y Hands		0		21	*	0	0	0	Proper date marking and disposition	0	0	ê
7	展	0	0		No bare hand contr	act with ready-to-eat for	ods or approved	6	0	5	22	×	0	0	-	Time as a public health control: procedures and records	0	0	
	X	0		-	alternate procedure Handwashing sinks	es followed s properly supplied and	accessible		0	2	23	IN XX	OUT	NA	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	0	0	
9	IN 宸	OUT O	NA	NO	Food obtained from	Approved Source		0				in in	OUT	-	NO	food Highly Susceptible Populations		<u> </u>	•
10	0	0	0	20	Food received at p	roper temperature		0	0	5	24	_	0	88		Pasteurized foods used; prohibited foods not offered	0	0	5
11 12	<u>×</u>	0	X	0	Required records a	ition, safe, and unadulte wailable: shell stock tag		0	0	Ĩ		IN	OUT	_	NO	Chemicais			
H	IN	OUT	NA	NO	destruction Protect	tion from Contamin	ation	-		_	25	0	0	25		Food additives: approved and properly used	0	ा	
		<u> </u>			Food separated an				0		26	鬣	0		·	Toxic substances properly identified, stored, used	0	00	•
		<u>実</u> 0				ces: cleaned and saniti of unsafe food, returned		0	0	5	27	IN O	OUT	82		Conformance with Approved Procedures Compliance with variance, specialized process, and	0		
	~	<u> </u>			served			Ŭ	Ŭ	•		Ŭ	<u> </u>	~		HACCP plan	Ŭ	Ŭ	
				Goo	d Retail Practic	es are preventive (measures to co	ntro	l the	intro	oduc	tion	of p	atho	gens	, chemicals, and physical objects into foods.			
										ar/Al				8					
				00	T=not in compliance Comp	liance Status	COS=corre		R		Inspe	ction				R-repeat (violation of the same code provision) Compliance Status	COS	R	WT
_	28	이	Past	eurize	Safe I d eggs used where	Food and Water		0	0	1			UT	ood a	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly designed,			
	29	0	Wate	er and	lice from approved	source		0	0	2	4	5				and used	•	0	1
Ľ	30	OUT	vanie	ince c		zed processing method mperature Control	9		0	-	4	6	_			g facilities, installed, maintained, used, test strips	0	0	1
;	и	•••	Prop		oling methods used;	adequate equipment fi	or temperature	0	0	2	4	_	≣ ∧ υτ	lonfoo	d-cor	ntact surfaces clean Physical Facilities	0	0	1
h;	2				properly cooked for	r hot holding		0	0	1	4		_	lot and	1 cold	water available; adequate pressure	0	ा	2
	33		<u> </u>		thawing methods us			0	0	1	4					stalled; proper backflow devices	_	0	2
-	14	OUT	Ther	mome	eters provided and a Food	identification		0	0	1	5		-			waste water properly disposed s: properly constructed, supplied, cleaned	0	0	2
1	35	_	Food	d prop		I container; required red	ords available	0	0	1	5	_				use properly disposed; facilities maintained	ō	ō	1
		OUT				f Food Contaminatio				_	5	3 0	O P	hysica	al faci	ities installed, maintained, and clean	0	0	1
5	36	0	Inse	cts, ro	dents, and animals	not present		0	0	2	5	4 (0 A	dequa	ite ve	ntilation and lighting; designated areas used	0	0	1
;	97	0	Cont	amina	ation prevented duri	ng food preparation, sto	orage & display	0	0	1		0	UΤ			Administrative Items			
	8	0	Pers	onal c	leanliness			0	0	1	5					nit posted	0		0
	9 10				ths; properly used a ruits and vegetables			8	0	1	5	6 (0	fost re	cent	inspection posted Compliance Status	0 VES	O NO	WT
F		OUT		- ing i		Use of Utensils		Ľ		- I	H					Non-Smokers Protection Act	16.0	140	
	11				nsils; properly store				0		5	7				with TN Non-Smoker Protection Act	X		
	12 13					s; properly stored, dried les; properly stored, us		8	0	1	5	5				ducts offered for sale oducts are sold, NSPA survey completed	8	8	Q
	4				ed properly				ŏ				_						
																Repeated violation of an identical risk factor may result in revo			
mar	mer a	nd por	st the	most	recent inspection repo	ort in a conspicuous mann	ver. You have the rig	fit to r	eques							e. You are required to post the food service establishment permission a written request with the Commissioner within ten (10) days			
in sec.		CA .	sectio	ns 68-	14-703, 68-14-706, 68-1	4-708, 68-14-709, 68-14-71	1, 68-14-715, 68-14-7	16, 4-5	320.										
- op	H. T.	7.	1		F							6		-					
- eb	urt. T.	L.	4		710		04/1	L9/2	024	1	ſ	Y	\square	8h	n	anel	04/1	.9/2	2024
_	1	Z	Pers	on In	Charge		04/1	L9/2	_	1 Date	Sig	Y.	\sim			ental Health Specialist	04/1	.9/2	Date

PH-2267 (Rev. 6-15)	Free food safety training cl		nth at the county health department.	RDA 62
1102201 (1001. 0-10)	Please call () 6153405620	to sign-up for a class.	1000

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information						
Establishment Name:	WAFFLE HOUSE #473					
Establishment Number #:	605249250					

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)					
High temperature dish machine	Temperature		156					

Equipment Temperature				
Description	Temperature (Fahrenheit)			
Refrigerator	34			
Refrigerator	30			
Refrigerator	34			
Walk in cooler	34			

Food Temperature						
Decoription	State of Food	Temperature (Fahrenheit)				
Milk in refrigerator	Cold Holding	37				
Sliced tomatoes top cooler	Cold Holding	38				
Ham top cooler	Cold Holding	40				
Lettuce top cooler	Cold Holding	41				
Waffle mix in Prep cooler	Cold Holding	40				
Raw pork in refrigerator	Cold Holding	36				
Chili in steam table	Cold Holding	144				

Observed Violations

Total # 3

Repeated # ()

14: High temperature dish machine @ 156F final rinse, not reaching minimum temperature to sanitize the utensils. CA: All the utensils must be washed rinsed and sanitized a 3 compartment sink until high temperature dish machine is reaching at least 160F in the final rinse.

39: Wet wiping cloths stored on counter in the kitchen.

47: Dirty (food juices/water on the bottom shelf in the refrigerators.



Establishment Information

Establishment Name: WAFFLE HOUSE #473

Establishment Number : 605249250

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: Employee health policy 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: Proper handwashing procedures were 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 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 tcs food cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Pic said Cool down food in small portions in ice bath reaching 41F in 4 hours.
- 19: Proper hot holding temperatures were observed.

20: Ctv

- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Proper written TPHC plan and procedure observed.
- 23: Proper consumer advisory observed on menu.
- 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: No

***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.

Establishment Information Establishment Name: WAFFLE HOUSE #473

Establishment Number: 605249250

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

Establishment Information

Establishment Name: WAFFLE HOUSE #473

Establishment Number #: 605249250

Sources				
Source Type:	Food	Source:	US Foods	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments