



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Comfort Suites Breakfast Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 621 Rivergate Pkwy ☐ Temporary ☐ Seasonal
City Goodlettsville Time in 07:20 AM AM / PM Time out 07:25 AM AM / PM
Inspection Date 04/05/2024 Establishment # 605312394 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 0

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 | | | | | Compliance Status | | | COS R WT | | |
| 1 | IN | OUT | NA | NO | Person in charge present, demonstrates knowledge, and performs duties | | | | | 5 |
| Employee Health | | | | | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | COS R WT | | |
| 2 | IN | OUT | NA | NO | Management and food employee awareness, reporting | | | | | 5 |
| 3 | IN | OUT | NA | NO | Proper use of restriction and exclusion | | | | | 5 |
| Good Hygienic Practices | | | | | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | COS R WT | | |
| 4 | IN | OUT | NA | NO | Proper eating, tasting, drinking, or tobacco use | | | | | 5 |
| 5 | IN | OUT | NA | NO | No discharge from eyes, nose, and mouth | | | | | 5 |
| Preventing Contamination by Hands | | | | | Consumer Advisory | | | COS R WT | | |
| 6 | IN | OUT | NA | NO | Hands clean and properly washed | | | | | 5 |
| 7 | IN | OUT | NA | NO | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | | | 5 |
| 8 | IN | OUT | NA | NO | Handwashing sinks properly supplied and accessible | | | | | 2 |
| Approved Source | | | | | Highly Susceptible Populations | | | COS R WT | | |
| 9 | IN | OUT | NA | NO | Food obtained from approved source | | | | | 5 |
| 10 | IN | OUT | NA | NO | Food received at proper temperature | | | | | 5 |
| 11 | IN | OUT | NA | NO | Food in good condition, safe, and unadulterated | | | | | 5 |
| 12 | IN | OUT | NA | NO | Required records available: shell stock tags, parasite destruction | | | | | 5 |
| Protection from Contamination | | | | | Chemicals | | | COS R WT | | |
| 13 | IN | OUT | NA | NO | Food separated and protected | | | | | 4 |
| 14 | IN | OUT | NA | NO | Food-contact surfaces: cleaned and sanitized | | | | | 5 |
| 15 | IN | OUT | NA | NO | Proper disposition of unsafe food, returned food not re-served | | | | | 2 |
| 16 | IN | OUT | NA | NO | Proper cooking time and temperatures | | | | | 5 |
| 17 | IN | OUT | NA | NO | Proper reheating procedures for hot holding | | | | | 5 |
| 18 | IN | OUT | NA | NO | Proper cooling time and temperature | | | | | 5 |
| 19 | IN | OUT | NA | NO | Proper hot holding temperatures | | | | | 5 |
| 20 | IN | OUT | NA | NO | Proper cold holding temperatures | | | | | 5 |
| 21 | IN | OUT | NA | NO | Proper date marking and disposition | | | | | 5 |
| 22 | IN | OUT | NA | NO | Time as a public health control: procedures and records | | | | | 5 |
| 23 | IN | OUT | NA | NO | Consumer advisory provided for raw and undercooked food | | | | | 4 |
| 24 | IN | OUT | NA | NO | Pasteurized foods used; prohibited foods not offered | | | | | 5 |
| 25 | IN | OUT | NA | NO | Food additives: approved and properly used | | | | | 5 |
| 26 | IN | OUT | NA | NO | Toxic substances properly identified, stored, used | | | | | 5 |
| 27 | IN | OUT | NA | NO | Compliance with variance, specialized process, and HACCP plan | | | | | 5 |

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

GOOD RETAIL PRACTICES

| 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 | | | | | Compliance Status | | | COS R WT | | |
| 28 | OUT | | | | Pasteurized eggs used where required | | | | | 1 |
| 29 | OUT | | | | Water and ice from approved source | | | | | 2 |
| 30 | OUT | | | | Variance obtained for specialized processing methods | | | | | 1 |
| Food Temperature Control | | | | | Utensils and Equipment | | | COS R WT | | |
| 31 | OUT | | | | Proper cooling methods used; adequate equipment for temperature control | | | | | 2 |
| 32 | OUT | | | | Plant food properly cooked for hot holding | | | | | 1 |
| 33 | OUT | | | | Approved thawing methods used | | | | | 1 |
| 34 | OUT | | | | Thermometers provided and accurate | | | | | 1 |
| Food Identification | | | | | Physical Facilities | | | COS R WT | | |
| 35 | OUT | | | | Food properly labeled; original container; required records available | | | | | 1 |
| Prevention of Food Contamination | | | | | Administrative Items | | | COS R WT | | |
| 36 | OUT | | | | Insects, rodents, and animals not present | | | | | 2 |
| 37 | OUT | | | | Contamination prevented during food preparation, storage & display | | | | | 1 |
| 38 | OUT | | | | Personal cleanliness | | | | | 1 |
| 39 | OUT | | | | Wiping cloths: properly used and stored | | | | | 1 |
| 40 | OUT | | | | Washing fruits and vegetables | | | | | 1 |
| Proper Use of Utensils | | | | | Compliance Status | | | YES NO WT | | |
| 41 | OUT | | | | In-use utensils; properly stored | | | | | 1 |
| 42 | OUT | | | | Utensils, equipment and linens; properly stored, dried, handled | | | | | 1 |
| 43 | OUT | | | | Single-use/single-service articles; properly stored, used | | | | | 1 |
| 44 | OUT | | | | Gloves used properly | | | | | 1 |
| 45 | OUT | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | | 1 |
| 46 | OUT | | | | Warewashing facilities; installed, maintained, used, test strips | | | | | 1 |
| 47 | OUT | | | | Nonfood-contact surfaces clean | | | | | 1 |
| 48 | OUT | | | | Hot and cold water available; adequate pressure | | | | | 2 |
| 49 | OUT | | | | Plumbing installed; proper backflow devices | | | | | 2 |
| 50 | OUT | | | | Sewage and waste water properly disposed | | | | | 2 |
| 51 | OUT | | | | Toilet facilities: properly constructed, supplied, cleaned | | | | | 1 |
| 52 | OUT | | | | Garbage/refuse properly disposed; facilities maintained | | | | | 1 |
| 53 | OUT | | | | Physical facilities installed, maintained, and clean | | | | | 1 |
| 54 | OUT | | | | Adequate ventilation and lighting; designated areas used | | | | | 1 |
| 55 | OUT | | | | Current permit posted | | | | | 0 |
| 56 | OUT | | | | Most recent inspection posted | | | | | 0 |
| Non-Smokers Protection Act | | | | | Compliance Status | | | COS R WT | | |
| 57 | OUT | | | | Compliance with TN Non-Smoker Protection Act | | | | | 0 |
| 58 | OUT | | | | Tobacco products offered for sale | | | | | 0 |
| 59 | OUT | | | | If tobacco products are sold, NSPA survey completed | | | | | 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 26-1-203, 26-1-206, 26-1-706, 26-1-711, 26-1-715, 26-1-716, 4-5-329.

Signature of Person In Charge [Signature] Date 04/05/2024 Signature of Environmental Health Specialist [Signature] Date 04/05/2024

**** 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 Breakfast

Establishment Number #: 605312394

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 infiltrating 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) |
|-------------|---------------------------|
| | |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|-------------|---------------|---------------------------|
| | | |

Observed Violations

Total # 1

Repeated # 0

47:

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Comments/Other Observations

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Additional Comments

See last page for additional comments.

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

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|----------------------------------|--------------------------|
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Sources

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| Source Type: | Source: |
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Additional Comments