

Establishment Name

Address

Risk Category

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

O Yes 疑 No

SCORE

Number of Seats 28

Time in 06:20 AM AM / PM Time out 06:55; AM AM / PM 04/11/2024 Establishment # 605174691 Embargoed 0 Inspection Date

Springhill Suites Breakfast

250 Athens Way.

Nashville

Follow-up Required

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

04

12	4 =in c	ompli	ence		OUT=not in compliance NA=not applicable NO=not observe	ed		C	05=0	com	ecte	d
					Compliance Status	cos	R	WT	10			_
	IN	OUT	NA	NO	Supervision				П	Т	IN	Į
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	ŀ	16	0	ŀ
	IN	OUT	NA	NO	Employee Health						Ô	t
2	300	0			Management and food employee awareness; reporting	0	0		1 1	\top		Ì
3	×	0			Proper use of restriction and exclusion	0	0	5	Н		IN	ı
	IN	OUT	NA	NO	Good Hygienic Practices				17	18	0	ľ
4	30	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	113	19	×	Ì
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °	1 7	200	1	ľ
	IN	OUT	NA	NO	Preventing Contamination by Hands				1 [3	21	×	Ī
6	黨	0		0	Hands clean and properly washed	0	0		ΙĮ	22	0	Ī
7	氮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	H		IN	ŀ
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	1 17	23	0	ľ
	IN	OUT	NA	NO	Approved Source				ΙĽ	-3	_	L
9	黨	0			Food obtained from approved source	0	0		П	Т	IN	ĺ
10	0	0	0	×	Food received at proper temperature	0	0		ΙŒ	24	0	Ī
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	ľ	"	•	l
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0				IN	
		OUT	NA	NO	Protection from Contamination				1 [3	25	0	Ī
13	Ä	0	0		Food separated and protected	0	0	4	1 [3	26	Ř	Ī
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	۱Г	Т	IN	ľ
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2		27	0	

	Compliance Status					COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	文	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	X	0	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	X		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

the introduction of pathogo

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

rspect	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	46 O 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	黨	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	
\Box		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	

cuous manner. You have the right to request a l (10) days of the date of the

04/11/2024

ature of Person In Charge

Date Signature of Environmental I to

04/11/2024

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6153405620 Please call (to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Springhill Suites Breakfast
Establishment Number # 605174691

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.	Т
'No Smoking' signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	\vdash
Sarage type doors in non-enclosed areas are not completely open.	\top
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 (Fahrenhelt)						
3 comp sink	QA	300							

Equipment Temperature							
Description	Temperature (Fahrenheit)						
Glass door cooler	40						
Silver fridge 1	39						
Silver freezer	-10						
Silver freezer 2	-4						

Food Temperature	State of Food	Temperature (Fahrenheit)
2% milk in silver fridge	Cold Holding	42
Scrambled eggs in hot holding	Hot Holding	151
Sausage patties in hot holding	Hot Holding	147

Observed Violations						
Total #						
Repeated # ()						
49: Fresh water leak at hot water turn valve						
***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: Springhill Suites Breakfast

Establishment Number: 605174691

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Policy is 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: 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.

- 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: Not observed during inspection
- 17: (NO) No TCS foods reheated during inspection.

18:

- 19: See hot holding
- 20: See cold holding
- 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.

^{***}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: Springhill Suites Breakfast				
Establishment Number: 605174691				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				

Establishment Information

Establishment Information							
Establishment Name: Sp	ringhill Suites Breakfas	t					
Establishment Number #	605174691						
Sources							
Source Type:	Food	Source:	Us foods				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Commer	nts						