TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Cart A																
Establishment Mana	Holiday Inn Express Continental Breakfast 5612 Loppox Avo															
Establishment Name Address	E612 Loppoy Avo				O Temporary O Seasonal	LU			J							
City																
Inspection Date	04/18/202	4 Establishment #						_								
Purpose of Inspection		简 Follow-up	O Complaint			• O Pro		-	-		Cor	nsuitation/Other				
Risk Category	O 1	8022	03			O 4				Fc	ollow-	up Required O Yes 翼 No	Number of Se	eats	42	
												to the Centers for Disease Control a control measures to prevent illness	and Prevent			
		FOODBORN	E ILLNESS RJ	SK F/	CT	ORS	AND	PU	BLIC	HEA	LTH	INTERVENTIONS				
(Mark design IN=in compliance		(IH, OUT, HA, HO) for ea	NO=not observe		ite me							soch item as applicable. Deduct points for catego spection R=repeat (violation of the sam				
	Comp	liance Status		COS	R	the second s	Ē					Compliance Status			R	WT
IN OUT NA NO		Supervision esent, demonstrates kn	owledge, and	0	0	5		IN		NA		Cooking and Roheating of Time/Tem Control For Safety (TCS) Food	is i			
IN OUT NA NO		Employee Health			-	0		0	00	0		Proper cooking time and temperatures Proper reheating procedures for hot holding		0	0	5
2 0 0	Management and fo Proper use of restric	od employee awarenes	s; reporting	0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, an				
IN OUT NA NO		d Hygienic Practices	1	-	-	_	18	0	0	0	0	Public Health Control Proper cooling time and temperature		0	0	
		rg, drinking, or tobacco u eyes, nose, and mouth	use	0	0	5	19 20	0	0	0		Proper hot holding temperatures Proper cold holding temperatures		0	0	
IN OUT NA NO		g Contamination by	Hands	0	0		21	0	0	0	0	Proper date marking and disposition		0	0	9
70000	No hare hand conta	ct with ready-to-eat food	ds or approved	0	0	5	22	O	0	O NA	O NO	Time as a public health control: procedures a Consumer Advisory	nd records	0	0	
8 O O	Handwashing sinks	properly supplied and a Approved Source	ccessible	0	0	2	23	_	0	0		Consumer advisory provided for raw and und food	ercooked	0	0	4
900	Food obtained from	approved source		0				IN	OUT	NA	NO	Highly Susceptible Population	•		_	
10 0 0 0 0 11 0 0	Food in good condit	ion, safe, and unadulter		ŏ	ő	5	24	0	0	0		Pasteurized foods used; prohibited foods not	offered	0	٥	5
12 0 0 0 0	destruction	vailable: shell stock tags		0	0			IN	OUT		NO	Chemicals		~		
IN OUT NA NO 13 O O O	Food separated and				0			0	00	0		Food additives: approved and properly used Toxic substances properly identified, stored, i	used	0	8	5
14 0 0 0		es: cleaned and sanitize f unsafe food, returned t		0		5		0	-	NA		Conformance with Approved Proce Compliance with variance, specialized proces				
15 O Proper disposition of unsafe food, returned food not re- served O O 2 27 O O Compliance with variance, specialized process, and HACCP plan O O						9	0									
G	od Retail Practice	is are preventive m	easures to co	ntrol	the	intro	oduc	tion	of p	atho	gens	s, chemicals, and physical objects int	o foods.			
0	UT=not in compliance		COS=corre	COO cted or					ICE	8		R-repeat (violation of the same co	5e provision)			
		liance Status ood and Water		COS	R	WT	F	10	υτ		_	Compliance Status Utensils and Equipment		cos	R	WT
	zed eggs used where in id ice from approved s	required		8	8	1	4		n F			infood-contact surfaces cleanable, properly de and used	signed,	0	0	1
	obtained for specializ	ed processing methods			ŏ		4	6 0	- 1			g facilities, installed, maintained, used, test st	ips	0	0	1
31 O Proper of		adequate equipment for	r temperature	0	0	2	4	_	-	lonfoo	d-cor	ntact surfaces clean		0	0	1
	d properly cooked for						4	8 (Physical Facilities I water available; adequate pressure		0	0	2
	d thawing methods us neters provided and a			0	0		4	_	_			stalled; proper backflow devices I waste water properly disposed			0	2
OUT		Identification		-			5	_	_			es: properly constructed, supplied, cleaned		0	0	1
35 O Food pro		container; required reco Food Contamination		0	0	1	5		_	-		use properly disposed; facilities maintained litties installed, maintained, and clean	\rightarrow	0	0	1
	rodents, and animals r		-	0	0	2	5	_	-			entilation and lighting; designated areas used		_	0	1
37 O Contami	nation prevented durin	g food preparation, stor	age & display	0	0	1		0	UΤ			Administrative items			_	
38 O Persona				0	0	1	5	_				nit posted		0	8	0
40 O Washing	loths; properly used an fruits and vegetables			0	_		Ê	6	0 1	Aost re	cent	Compliance Status		O YES		WT
41 O In-use u	Proper ensils; properly stored	Use of Utensils			0		5	7	-	Sompli	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act		क्ष	0	
42 O Utensils.	equipment and linens	; properly stored, dried, es; properly stored, use		0		1	5	8	T	obacc	o pro	ducts offered for sale roducts are sold, NSPA survey completed		0	0	0
44 O Gloves	ised properly			0	0	1	_									
service establishment pe	rmit. Items identified as	constituting imminent heal	th hazards shall b	e corre	cted is	mmedi	ately	or op	mation	ns shall	l ceas	Repeated violation of an identical risk factor may e. You are required to post the food service estable	ishment permit i	in a c	onspi	icuous
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 (8-14-203, (8-14-705, 68-14-715, 78-14-715, 7								of this								
04/18/2024 Jephen Janhar 04/18/202								:024								
Signature of Person In Charge Date Signature of Environmental Health Specialist Date								Date								
	Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice **** Free food safety training classes are available each month at the county health department.															
PH-2267 (Rev. 6-15)			call (RD	XA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Holiday Inn Express Continental Breakfast Establishment Number #: |605195679

NSPA Survey – To be completed if #57 is "I	"No"
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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 l'emperature	
Description	Temperature (Fahrenheit)

Food Temperature	State of Food	Temperature (Fahrenheit

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Establishment Information

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Comments/Other Observations

57: 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: Holiday Inn Express Continental Breakfast Establishment Number: 605195679

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

Additional Comments

Remember to supply paper towels at every sink.