# **TENNESSEE DEPARTMENT OF HEALTH**

No.						FOOD SEF	RVICE ESTA	BL	ISH	IM	ENT	r 11	NS	PEC	TIC	ON REPORT	sco	DRE		
Establishment Name			Waffle House #848											ſ	)					
Addr					326 S. Mt. Juliet Rd. O Temporary O Seasonal										J		<i>」</i>			
City					Mount Juliet Time in 09:25 AM AM / PM Time out 10:27: AM AM / PM															
		- 0-			01/31/20	1/31/2024 Establishment # 605211096 Embargoed 0														
Insp			spect		UI/JI/2024 Establishment # 005211090 Embargoed 0   WRoutine O Follow-up O Complaint O Preliminary O Consultation/Other															
					O1 第2 O3 O4 Follow-up Required O Yes 質 No								No Number of	Seats	42					
Risk Factors are food preparation practic				es and employee		vior	8 mc				y repo	rtec	to the Centers for Disea	se Control and Preve	tion	_				
				as c	contributing fac											control measures to prev INTERVENTIONS	rent illness or injury.			
		(11	ırk de	algaa		tes (IN, OUT, NA, NO)	for each numbered iten	n. For		mark	ed 00	л, т	ark C	OS or R	for e	ach item as applicable. Deduct j	points for calegory or subca	egory.		
IN	in c	ompli	ance		OUT=not in compli Con	ance NA=not applicat mpliance Status	ble NO=not observe		R	WT	S=co	recte	d on-t	site duri	ng ins	spection R=repeat (vic Compliance Statu	Itation of the same code provis		R	WT
	IN	ουτ	NA	NO		Supervision			_			IN	001	NA	NO	Cooking and Roheating Control For Safet	· · · · · · · · · · · · · · · · · · ·			
	鬣	0			Person in charge performs duties	present, demonstrate	÷ ·	0	0	5		23				Proper cooking time and temp	eratures	0	0	5
		OUT	NA	NO	Management and	Employee Healt d food employee awar		0			17	0				Proper reheating procedures fo Ceeling and Heiding, Date		<u> </u>	0	÷
3	×	0				striction and exclusion		0	0	5			001		NO	a Public Heal	th Control			
	IN X		NA			ood Hygionic Pract sting, drinking, or tobe		0		_		0	8	0		Proper cooling time and tempe Proper hot holding temperature		00	0	
5	2	0	NA	0	No discharge from	m eyes, nose, and mo	outh	Ō	8	5	20	10	0	0		Proper cold holding temperatu Proper date marking and dispo	res	8	8	5
6	X	0	1.00-1		Hands clean and	properly washed		0	0			1	-			Time as a public health control		ō	ō	
	×	0	0	0	alternate procedu			0	0	<u> </u>		IN	OUT	NA	NO					
	IN	_	NA	NO		ks properly supplied a Approved Sourc		°		2	23	×	0			Consumer advisory provided for food		0	٥	4
	<u>宗</u>	0	0	24		om approved source proper temperature		8	0			IN	001	-	NO	Highly Susceptib				
11	×	0			Food in good con	ndition, safe, and unac s available: shell stock		0	0	5	24	-	0	-		Pasteurized foods used; prohit		0	0	5
	0	0	X	0 NO	destruction	ection from Contar		0	0		25		001	r na	NO	Chemi Food additives: approved and		0	0	
13	2	0	0		Food separated a	and protected			2		26	黛	0			Toxic substances properly iden	ntified, stored, used	ŏ	0	5
14 15	風覚	0	0			faces: cleaned and sa n of unsafe food, return		0	0	5	27	IN O	001	r NA 実	NO	Conformance with Ap Compliance with variance, spe		0	0	5
	~	Ŭ			served			<u> </u>	Ŭ	-	<u> </u>	Ŭ	Ľ	~		HACCP plan		Ŭ	Ű	·
				Goo	d Retail Pract	ices are preventiv	re measures to co						_		gens	s, chemicals, and physica	l objects into foods.			
				00	T=not in compliance	e .	COS=corre			art. during				8		R-repeat (violation	of the same code provision)			
	_	OUT			Con	pliance Status Food and Water		_	R	_	É		UT		_	Compliance Stat Utensils and Equip	us	COS	R	WT
21	3	0			ed eggs used whe	re required		0	2	1	4		0			onfood-contact surfaces cleanab		0	0	1
25	>	0				alized processing met		ő	8	2	4	6 0	- 1			and used g facilities, installed, maintained	1. used, test strips	0	0	1
		OUT	Prop	er co		emperature Contro id; adequate equipme			0	_	4		-			ntact surfaces clean		0	0	1
3		0	contr		properly cooked f	for hot holding		0		2			NUL 1	lot and	Look	Physical Facilitie i water available; adequate pres		0		2
33	3	0	Appr	oved	thawing methods	used		0	0	1	4	9 (	0	Plumbir	ng ins	stalled; proper backflow devices		0	0	2
34	_	O OUT	Ther	mom	eters provided and Foo	d accurate		0	0	1		_	-			I waste water properly disposed es: properly constructed, supplie		0	0	2
3	5	0	Food	i prop	xerly labeled; origin	nal container; required	I records available	0	0	1	5	2	0	Garbag	e/refi	use properly disposed; facilities	maintained	0	0	1
	-	OUT				of Feed Contamin	ation				-	_	-			ilities installed, maintained, and		0	0	1
30	-	0	Insec	cts, ro	idents, and anima	ls not present		0	0	2	5	-	-	Adequa	de ve	entilation and lighting; designate		0	0	1
37	_					uring food preparation	, storage & display	0	0	1			TUK			Administrative Ite	ms		-	
3					cleanliness ths; properly used	d and stored		0	0	1	5					nit posted inspection posted		0	0	0
4	_	O OUT	Was	hing f	ruits and vegetabl	ies or Use of Utensils		0	0	1		-	_	_	_	Compliance State Non-Smokers Pro		YES	NO	WT
4	1	0	_		nsils; properly sto	red	Mad bandlad	8	8		5	7				with TN Non-Smoker Protection ducts offered for sale		×	읭	0
4	3	0	Sing	e-use	e/single-service an	ens; properly stored, d ticles; properly stored		0	0	1	5	9				oducts offered for sale roducts are sold, NSPA survey	completed	0	ő	Ű
4					ed properly	itama within tan 1850 A.	an may pandt in success	-	0		a and a		ab Sector	mand or	- Loren	Reparted delation of an identical	rick factor may south in south	e agi e e	1	a local
servi	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																			
						8-14-708, 68-14-709, 68-1						1	7	4	4	/ /				
		_	厂		-100		01/3	31/2	024	1		A	Z	//				01/3	1/2	2024

Signature of Person In Charge

Date Signature of Environmental Health Specialist

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\*\*\*\* 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. Please call ( ) 6154445325 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



# Establishment Information

Establishment Name: Waffle House #848 Establishment Number # 605211096

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info						
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)			
Dish machine	Heat		163			

Equipment Temperature		
Description	Temperature (Fahrenheit)	
Delfield ric Meat	38	
Delfield ric	39	
Wic	35	
Wif	10	

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Milk	Cold Holding	40
Sausage gravy	Hot Holding	135
Sliced ham	Cold Holding	38
Sliced tomatoes	Cold Holding	40
Burger raw	Cold Holding	38
Scrambled eggs	Cooking	171
Burger	Cooking	157
Lettuce	Cold Holding	41
Grilled chicken	Cooking	168

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Waffle House #848

Establishment Number : 605211096

#### Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: Discussed policy with pic
- 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: Employees washing hands after handling raw meat. Employees washing hands when changing gloves
- 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 info

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) 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: See food temps
- 17: (NO) No TCS foods reheated during inspection.
- 18: No food being cooled during inspection
- 19: See food temps
- 20: See food temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Eggs are timed out on egg card over grill
- 23: Statement 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: 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.

Establishment Information	
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Establishment Name: Waffle House #848 Establishment Number: 605211096

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Waffle House #848

Establishment Number # 605211096

Sources			
Source Type:	Food	Source:	US Foods, TnT Produce, Flowers
Source Type:	Water	Source:	City
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

# Additional Comments