## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

|                    |                           |          |              |              |                                      |  |                               |                 |         |  |                   |         |             |                         | 7       |  |         |        |              |
|--------------------|---------------------------|----------|--------------|--------------|--------------------------------------|--|-------------------------------|-----------------|---------|--|-------------------|---------|-------------|-------------------------|---------|--|---------|--------|--------------|
| Establishment Name |                           |          |              |              |                                      |  |                               | Fatabl          | -       | O Fermer's Market Food Unit ent Ø Permanent O Mobile |                   |         |             |                         |         |  |         |        |              |
| Address            |                           |          | 130 John     | R. Rice Blvd |                                      |  |                               |                 |         | T yş   | peor              | Establ  | snme        | O Temporary O Seasonal  |         |  |         |        |              |
| Cit                | City Murfreesboro Time in |          | 08           | 3:5          | 1 A                                  | ١M   | A                             | M/P             | мті     | me o   | ut 08:59:AM AM/PM |         |             |                         |         |  |         |        |              |
|                    |                           | ion D    | ate          |              | 04/18/2                              | 024 Establishmen                                       |                               |                 |         |  | Emb               | _       |             |                         |         |  |         |        |              |
|                    |                           |          |              |              | ORoutine                             | 御 Follow-up  | O Complaint                   |                 |         | O Pr   |                   |         | -           |                         | Cor     | nsultation/Other   |         |        |              |
|                    |                           | tego     |              |              | 281                                  | 02   | 03                            |                 |         | 04   |                   | ,       |             |                         |         | up Required O Yes 質 No Number of   | Seats   | 36     |              |
|                    | -                         | _        |              |              | ors are food                         | preparation practic                                    | es and employee               |                 |         | * mo   |                   |         |             | y rep                   | ortec   | to the Centers for Disease Control and Prever  |         | _      |              |
|                    |                           |          |              | <b>as</b> (  | contributing 1                       |  |                               |                 |         |  |                   |         |             |                         |         | control measures to prevent illness or injury.   |         |        |              |
|                    |                           | (Ľ       | ark d        | nelgne       | ted compliance                       |  |                               |                 |         |  |                   |         |             |                         |         | ach Hom as applicable. Deduct points for category or subcat  | egory.  | .)     |              |
| Γ                  | N≓in                      | comp     | liance       |              |                                      | pliance NA=not applicat<br>ompliance Status            | ble NO=not observ             |                 | R       |  | >s=∞              | rrecte  | d on-s      | site dur                | ing ins | spection R=repeat (violation of the same code provis<br>Compliance Status  |         | R      | WT           |
|                    | IN                        | ou       | T NA         | NO           |                                      | Supervision  |                               |                 |         |  |                   | IN      | ουτ         | NA                      | NO      | Cooking and Reheating of Time/Temperature  |         |        |              |
| 1                  | 鬣                         | 0        |              |              | Person in char<br>performs dutie     | ge present, demonstrate<br>s                           | es knowledge, and             | 0               | 0       | 5  | 16                | 0       | 0           | ×                       | 0       | Control For Safety (TCS) Foods Proper cooking time and temperatures  | 0       |        |              |
| 2                  |                           | 00       |              | NO           | Management a                         | Employee Healt<br>and food employee awar               |                               | 0               | 0       |  | 17                | 0       | 0           | 0                       | ×       | Proper reheating procedures for hot holding  | 0       | 00     | •            |
| 3                  | ×                         |          |              |              |                                      | restriction and exclusion                              |                               | 0               | 0       | 5  |                   | IN      | OUT         | NA                      | NO      | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control  |         |        |              |
| Ļ                  | IN                        |          | T NA         |              |                                      | Good Hygionic Pract<br>tasting, drinking, or toba      |                               |                 | 0       |  |                   | 0       | 8           | X                       |         | Proper cooling time and temperature<br>Proper hot holding temperatures   | 0       | 0      |              |
| 5                  | 夏夏                        | ŏ        | 1            | 0            | No discharge f                       | rom eyes, nose, and mo                                 | wth                           | ŏ               | ŏ       | 5  | 20                | 25      | 0           | 0                       |         | Proper cold holding temperatures   | 0       | 0      | 5            |
| 6                  | IN XX                     | 0        | T NA         |              | Hands clean a                        | enting Centamination<br>nd properly washed             |                               | 0               | 0       |  | 21                | 0       | 0           | 8                       |         | Proper date marking and disposition<br>Time as a public health control: procedures and records                                       | 0       | 0      |              |
| 7                  | X                         | 0        | 0            | 0            |                                      | contact with ready-to-ea<br>dures followed             | t foods or approved           | 0               | 0       | 5  | H                 | IN      | OUT         |                         | NO      |  | ľ       | Ŭ      |              |
| 8                  | N IN                      | 0        | T NA         | NO           | Handwashing                          | sinks properly supplied a<br>Approved Source           |                               | 0               | 0       | 2  | 23                | 0       | 0           | 黛                       |         | Consumer advisory provided for raw and undercooked<br>food   | 0       | 0      | 4            |
| 9                  | 8                         |          |              |              |                                      | from approved source<br>at proper temperature          |                               |                 | 00      |  |                   | IN      | OUT         | _                       | NO      | Highly Susceptible Populations   |         |        |              |
| 11                 | X                         | ŏ        |              | _            | Food in good o                       | condition, safe, and unad                              |                               | 0               | 0       | 5  | 24                | 0       | 0           | ×                       |         | Pasteurized foods used; prohibited foods not offered   | 0       | 0      | 5            |
| 12                 |                           | 0        | 1 ***        | 0<br>NO      | destruction                          | rds available: shell stock                             |                               | 0               | 0       |  | ~                 | IN      | OUT         |                         | NO      | Chemicals  |         |        |              |
| 13                 | IN<br>O                   | 0        | I NA         | NO           | Food separate                        | d and protected  |                               |                 | 0       |  | 25                | 0<br>10 | 0           |                         | ·       | Food additives: approved and properly used<br>Toxic substances properly identified, stored, used                                     | 8       | 0      | 5            |
| 14                 | 8                         | 0        | 章<br>0       | ]            |                                      | surfaces: cleaned and sa<br>tion of unsafe food, retur |                               | -               | 0       | 5  |                   | IN      |             | NA                      | 1.1.1.1 | Confermance with Approved Procedures<br>Compliance with variance, specialized process, and   |         |        |              |
| 15                 | 2                         | 0        |              |              | served                               |  |                               | 0               | 0       | 2  | 27                | 0       | 0           | 8                       |         | HACCP plan   | 0       | 0      | 5            |
|                    |                           |          |              | God          | d Retail Pra                         | ctices are preventiv                                   | re measures to co             | ontro           | l the   | intr   | oduc              | tion    | of          | atho                    | gens    | s, chemicals, and physical objects into foods.   |         |        |              |
|                    |                           |          |              |              |                                      |  |                               |                 |         | ETA  |                   |         |             | 3                       |         |  |         |        |              |
| E                  |                           |          | _            | 00           |                                      | ompliance Status                                       | COS=com                       |                 | R       |  |                   |         |             |                         |         | R-repeat (violation of the same code provision)<br>Compliance Status   | COS     | R      | WT           |
|                    | 28                        |          | Pas          |              | ed eggs used w                       |  |                               | 0               | 0       | 1  |                   |         | NUT<br>Kali | ood a                   | nd no   | Utensils and Equipment<br>proced-contact surfaces cleanable, properly designed,  | 0       | 0      | 1            |
| _                  | 29<br>30                  |          |              |              | d ice from appro<br>obtained for spe | ved source<br>cialized processing met                  | hods                          | 8               | 0       | 2  |                   | -       | -           |                         |         | and used   | -       |        |              |
|                    |                           | ou       | -            |              |                                      | Temperature Contro<br>sed: adequate equipme            |                               | _               |         |  |                   | _       | -           |                         |         | g facilities, installed, maintained, used, test strips<br>ntact surfaces clean   | 0       | 0      | 1            |
|                    | 31                        | 0        | con          | trol         |                                      |  | ne for temperature            | 0               | 0       | 2  |                   | 0       | TUK         |                         |         | Physical Facilities  |         |        |              |
|                    | 32<br>33                  |          |              |              | thawing methor                       | d for hot holding<br>ds used                           |                               | 8               | 0       | 1  | 4                 | _       | -           |                         |         | I water available; adequate pressure<br>stalled; proper backflow devices   |         | 8      | 2            |
|                    | 34                        | 0        |              | rmom         | eters provided a                     | and accurate   |                               | 0               | 0       | 1  | 5                 |         |             |                         |         | waste water properly disposed<br>es: properly constructed, supplied, cleaned   | 0       | 0      | 2            |
| E                  | 35                        | <u> </u> | _            | d prog       |                                      | ginal container; required                              | records available             | 0               | 0       | 1  | 5                 | _       | _           |                         |         | use properly disposed; facilities maintained   | ŏ       | ŏ      | 1            |
| Þ                  |                           | ou       | 1            |              | Preventio                            | on of Feed Contamin                                    | ation                         |                 |         |  | 5                 | 3       | o F         | hysica                  | al faci | ilities installed, maintained, and clean   | 0       | 0      | 1            |
| L                  | 36                        | 0        | Inse         | cts, ro      | dents, and anim                      | nals not present                                       |                               | 0               | 0       | 2  | 5                 | 4       | 0 /         | Adequa                  | ste ve  | entilation and lighting; designated areas used   | 0       | 0      | 1            |
|                    | 37                        | 2        | Con          | tamin        | ation prevented                      | during food preparation,                               | , storage & display           | 0               | 0       | 1  |                   | 0       | TUK         |                         |         | Administrative Items   |         |        |              |
|                    | 38<br>39                  | -        |              |              | cleanliness<br>oths: properly us     | ed and stored  |                               | 0               | 00      | 1  |                   | _       |             |                         |         | nit posted<br>inspection posted  | 0       | 0      | 0            |
| _                  | 40                        | 0        | War          |              | ruits and veget                      | abies  |                               |                 | ŏ       |  | Ĕ                 | _       | -           |                         |         | Compliance Status  |         | NO     | WT           |
|                    | 41                        |          | In-u         |              | nsils; properly s                    |  |                               |                 | 0       |  | 5                 | 7       |             |                         |         | Non-Smokers Protection Act<br>with TN Non-Smoker Protection Act  |         | 0      |              |
|                    | 42<br>43                  | 2        | Sing         | ple-us       | e/single-service                     | inens; properly stored, d<br>articles; properly stored | ned, handled                  | 0               | 0       | 1  | 5<br>5            | 8       |             |                         |         | ducts offered for sale<br>roducts are sold, NSPA survey completed  | 0       | 0      | 0            |
| Ξ                  | 44                        |          |              |              | ed properly                          |  |                               |                 | 0       |  |                   |         |             |                         |         |  |         |        |              |
|                    | ure t                     |          | ishme        | nt pen       | nit. Items identifie                 | ed as constituting imminen                             | t health hazards shall b      | e com           | ected i | immed  | iately            | or op   | eratio      | ns shal                 | l ceas  | Repeated violation of an identical risk factor may result in revo<br>e. You are required to post the food service establishment perm | it in a | consp  | icuous       |
|                    |                           |          | 10 C 10 C 10 | a month      |                                      | CONTRACT ON A CONSIDER WORK OF                         | names. Tou have the rig       | APR 8/1 P       | eques   | a hei  | arıng i           | egard   | ang th      | us repo                 | et by f | filing a written request with the Commissioner within ten (10) day   | s of th | e date | of this      |
| ma                 | mer                       | and p    |              |              |                                      | 68-14-708, 68-14-709, 68-1                             | 4-711, 68-14-715, 68-14-7     |                 |         |  |                   |         | /           | $\mathbf{Y}$            |         | · · ·  |         |        |              |
| ma                 | mer                       | and p    |              |              |                                      |  | 04/2                          | 16, 4-5         | -320.   | 4  |                   | /       |             | $\overline{\mathbf{V}}$ | 1       | M  | 04/1    | 18/2   | 2024         |
| rep                |                           |          | sectio       | E            |                                      |  |                               | 16, 4-5         | -328.   | 4<br>Date  | Si                | gnat    | are di      | , ∖<br>A                |         | Speciel  | 04/1    | 18/2   | 2024<br>Date |
| rep                |                           |          | sectio       | E            | 14-703, 68-14-706                    | **** Additional food se                                | 04/2<br>afety information car | 16, 4-5<br>18/2 | 2024    | Date<br>on ou  | ir wel            | bsite,  |             |                         |         | nealth/article/eh-foodservice ****   | 04/1    | 18/2   |              |

| PH-2267 (Rev. 6-15) | Free food safety training class | es are available each mor | nth at the county health department. | RDA 62 |
|---------------------|---------------------------------|---------------------------|--------------------------------------|--------|
| (Net: 0-15)         | Please call (                   | ) 6158987889              | to sign-up for a class.              | hor de |

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



#### Establishment Information

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Establishment Name: Mainstay Suites Food Establishment Establishment Number #: 605303846

| 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<br>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) |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
|                  |                |     |                          |  |  |  |  |  |  |  |
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| quipment l'emperature |                          |  |  |  |  |  |  |  |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Description           | Temperature (Fahrenheit) |  |  |  |  |  |  |  |
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| Description | State of Food | Temperature ( Fahrenheit |
|-------------|---------------|--------------------------|
|             |               |                          |
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| Observed Violation        | 5 |      |  |
|---------------------------|---|------|--|
| Total # 3<br>Repeated # 0 |   | <br> |  |
| Repeated # ()             |   |      |  |
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| 43:                       |   |      |  |
| +3.                       |   |      |  |
| 45:                       |   |      |  |
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### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



### Establishment Information

Establishment Name: Mainstay Suites Food Establishment Establishment Number : 605303846

\*\*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: Mainstay Suites Food Establishment Establishment Number : 605303846

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Mainstay Suites Food Establishment

Establishment Number # 605303846

| Source: |                               |
|---------|-------------------------------|
| Source: |                               |
| Source: |                               |
| Source: |                               |
| Source: |                               |
|         | Source:<br>Source:<br>Source: |

# Additional Comments