## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name Address		me	Quality Inn Breakfast 641 S. Cumberland St.						Type of Establishment     O Fermer's Market Food Unit     O Mobile     O Temporary     O Seasonal							1			
					ime in	10	:06	ìΑ	M	A	M/P	мті	me o	ut 10:48; AM AM / PM					
Inst	xecti	on Da	ite		03/19/2024 Establishment # 60520	-			_		_	d C							
		of In			Routine O Follow-up O Com			_		limin	-	-		Cor	insultation/Other				
Ris	k Ca	tegor	y		篇1 02 03			c	4				Fo	ollow-	-up Required O Yes 🕱 No	Number of Se	ats	12	
					ors are food preparation practices and empk										d to the Centers for Disease Control	and Prevent	ion	_	
	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 litem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory																			
10	Pinc	ompii	ance	_	OUT=not in compliance NA=not applicable NO=not o Compliance Status		25	RV	_	5=00	recte	d on-t	ste dur	ng int	spection R=repeat (violation of the sar Compliance Status			R	WT
			NA	NO	Supervision		_				IN	ουτ	NA	NO	Cooking and Reheating of Time/Tem Control For Safety (TCS) Foo				
1	83	0			Person in charge present, demonstrates knowledge, a performs duties	na (	2	<u> </u>	5		0	0	0		Proper cooking time and temperatures		8	힔	5
2	X	0	NA	NO	Employee Health Management and food employee awareness, reporting	, (	ΣŢ		5	17	O IN	0 001		NO	Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and		0	0	
3	8	0			Proper use of restriction and exclusion		2	<u> </u>	<u> </u>						a Public Health Control		_	_	
4	X	0	NA	NO	Good Hygionic Practices Proper eating, tasting, drinking, or tobacco use		51	0	5	19	0	0			Proper cooling time and temperature Proper hot holding temperatures		8	0	
5	XX IN	0	NA	O NO	No discharge from eyes, nose, and mouth Preventing Contamination by Hands	- (		0	<u> </u>		25	8		0	Proper cold holding temperatures Proper date marking and disposition		8	8	5
6	10		-		Hands clean and properly washed		21	0		22		6	ŏ		Time as a public health control: procedures a	and records	_	0	
7	X		0	0	No bare hand contact with ready-to-eat foods or appro alternate procedures followed	ved	>	0	۰		IN	OUT	-				- 1	-	
8	N IN	0	NA	NO	Handwashing sinks properly supplied and accessible Approved Source			0	2	23	0	0	黛		Consumer advisory provided for raw and un food	sercooked	0	0	4
9	嵩	0			Food obtained from approved source		2		٦		IN	ουτ	NA	NO		na		_	
10	×	0	0		Food received at proper temperature Food in good condition, safe, and unadulterated			0	5	24	X	0	0		Pasteurized foods used; prohibited foods not	offered	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction		2	0			IN	τυο	NA	NO	Chemicals				
13		OUT		NO	Protection from Contamination Food separated and protected		5	0	4	25	<b>0</b> 黛	8	X	J	Food additives: approved and properly used Toxic substances properly identified, stored.		8	읭	5
14	x	ŏ	ŏ		Food-contact surfaces: cleaned and sanitized				5		IN	OUT	NA	NO			-	-	
15	X	0			Proper disposition of unsafe food, returned food not re- served	· (	2	0	2	27	0	0	黨		Compliance with variance, specialized proce HACCP plan	ss, and	0	0	5
				Gov	d Retail Practices are preventive measures	to cont	ml	the i	ntre	due	tion	of	atho		s, chemicals, and physical objects is	to foods			
				_				D RE							i i i i i i i i i i i i i i i i i i i				
				00		-correcte	5 on	-site di	uring						R-repeat (violation of the same co		coel		WT
		OUT			Compliance Status Safe Food and Water			RV			0	UT			Compliance Status Utensils and Equipment		000	~ 1	WT
	8				ed eggs used where required fice from approved source		귀	8	1	4	5				onfood-contact surfaces cleanable, properly d and used	signed,	0	0	1
_	0		Varia		obtained for specialized processing methods		5	ŏ	î	4	6	-			ng facilities, installed, maintained, used, test st	rips	0	0	1
			_	xer co	Feed Temperature Control oling methods used; adequate equipment for temperatu	re	5			4	, ,	_			ntact surfaces clean		0	0	1
	1	0	cont	rol		`		-	2			TUK			Physical Facilities				
_	2				properly cooked for hot holding thawing methods used				1	4	_				d water available; adequate pressure stalled; proper backflow devices		8	허	2
3	4	O OUT		mom	eters provided and accurate Food Identification	(	2	0	1	5	_				d waste water properly disposed es: properly constructed, supplied, cleaned			8	2
3	5	0	_	d prog	erly labeled; original container; required records availab	sie (	5	0	1	5	_	Garbage/refuse properly disposed; facilities maintained					0	<u></u>	1
	-	OUT			Prevention of Feed Contamination			-	-	5		-	Physical facilities installed, maintained, and clean				-	6	1
3	6	0	Inse	cts, ro	dents, and animals not present	•	7	0	2	5	4	o /	\dequa	ite ve	entilation and lighting; designated areas used		0	0	1
2	7	X	Cont	tamin	ation prevented during food preparation, storage & displ	iay (	5	0	1		0	UT			Administrative items				
-	8	-	-		cleanliness			-	1	5					mit posted		0	0	0
_	9 0			<u> </u>	ths; properly used and stored ruits and vegetables			8	1	56 O Most recent inspection posted Compliance Status					O YES	0 NO	WT		
		OUT			Proper Use of Utensils										Non-Smokers Protection Act			-	
4	1	0	Uten	sils, e	nsils; properly stored equipment and linens; properly stored, dried, handled		51	8		5	8		obacc	o pro	with TN Non-Smoker Protection Act oducts offered for sale			0	0
	3 4	0	Sing	le-use	a/single-service articles; properly stored, used ed properly			8	1	5	9	ľ	tobac	co pr	roducts are sold, NSPA survey completed		0	0	
		-	-		ations of risk factor items within ten (10) days may result in s		_			iervie	0 015	ablish	ment p	ermit.	Repeated violation of an identical risk factor may	result in revoca	tion 4	f you	r food
serv	ice e	stabli	shmer	nt perm	nit. Items identified as constituting imminent health hazards t recent inspection report in a conspicuous manner. You have	shall be co	rrec	ted im	medi	ately	or op	eratio	ns shal	loeas	se. You are required to post the food service estab	lishment permit	in a o	onspi	cuous
					14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 6						T	$\sim$		/	D				
Ó	V	K	a		sp)	03/19	/2(	)24			ł	Æ	rie	Ł	Cass	0	3/1	9/2	024
Sig	Signature of Person In Charge Date Signature of Environmental Health Specialist Date																		
					**** Additional food safety informatio	n can be	fou	und or	n our	web	site.	http	c//tn.g	jow/h	health/article/eh-foodservice ****				

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 62		
rivezor (new. o-ro)	Please call (	) 6154445325	to sign-up for a class.	nur de

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



#### Establishment Information Establishment Name: Quality Inn Breakfast Establishment Number #: 605204471

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.	
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)
Three comp sink	Chlorine		

Equipment Temperature	
Description	Temperature (Fahrenheit)
Hotpoint RIC	40
Hotpoint RIF	-10
Frigidaire RIF	8
Frigidaire RIC	40

Food Temperature							
Description	State of Food	Temperature (Fahrenheit)					
Milk	Cold Holding	42					

#### Observed Violations

Total # 1

Repeated # 0

37: Crates of coke products and cases of bottled water stored on the floor of the kitchen area.

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



### Establishment Information

Establishment Name: Quality Inn Breakfast

Establishment Number : 605204471

### Comments/Other Observations

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

2: Establishment has employee illness policy

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:

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 sources

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: No foods observed being cooked during inspection
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods observed in cooling durng inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.

24:

- 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

Establishment Name: Quality Inn Breakfast Establishment Number : 605204471

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Quality Inn Breakfast Establishment Number # 605204471

Sources				
Source Type:	Water	Source:	City	
Source Type:	Food	Source:	US FOODS	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	ents			

Three comp sink not set up during inspection