



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 92

Establishment Name Waffle House #714 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
 Address 3805 Cummings Hwy. ☐ Temporary ☐ Seasonal  
 City Chattanooga Time in 01:00 PM AM / PM Time out 01:30 PM AM / PM  
 Inspection Date 06/13/2022 Establishment # 605054199 Embargoed 0  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 41

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention 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 item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)								
Compliance Status										COS			R		WT		Compliance Status										COS			R		WT	
	IN	OUT	NA	NO	Supervision											IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="checkbox"/>	<input type="checkbox"/>		5	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Employee Health										17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control														
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion					<input type="checkbox"/>	<input type="checkbox"/>			18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>		5						
	IN	OUT	NA	NO	Good Hygienic Practices										19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use					<input type="checkbox"/>	<input type="checkbox"/>		20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth					<input type="checkbox"/>	<input type="checkbox"/>		21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>									
	IN	OUT	NA	NO	Preventing Contamination by Hands										22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Consumer Advisory														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="checkbox"/>	<input type="checkbox"/>			23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>		4						
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Handwashing sinks properly supplied and accessible					<input checked="" type="checkbox"/>	<input type="checkbox"/>	2		IN	OUT	NA	NO	Highly Susceptible Populations															
	IN	OUT	NA	NO	Approved Source										24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>		5					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source					<input type="checkbox"/>	<input type="checkbox"/>		5		IN	OUT	NA	NO	Chemicals														
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature					<input type="checkbox"/>	<input type="checkbox"/>			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>		5						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated					<input type="checkbox"/>	<input type="checkbox"/>			26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>								
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction					<input type="checkbox"/>	<input type="checkbox"/>				IN	OUT	NA	NO	Conformance with Approved Procedures														
	IN	OUT	NA	NO	Protection from Contamination										27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>		5					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected					<input type="checkbox"/>	<input type="checkbox"/>	4																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized					<input type="checkbox"/>	<input type="checkbox"/>	5																					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served					<input type="checkbox"/>	<input type="checkbox"/>	2																					

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***Establishment Information***

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Establishment Number #: 605054199

***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.

"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)
Dish Machine (surface temp)	Hot Water		161

***Equipment Temperature***

Description	Temperature ( Fahrenheit)
All refrigeration @ 41°F or below. Product temperatures taken from	

***Food Temperature***

Description	State of Food	Temperature ( Fahrenheit)
Ground Beef	Cold Holding	28
Chicken (cooling drawer)	Cold Holding	41
Dairy	Cold Holding	40
Diced Ham (cold table)	Cold Holding	38
Pork Chops	Cold Holding	38
Chili	Hot Holding	138

### Observed Violations

Total # 7

Repeated # 0

8: Hand basin adjacent to dish machine not kept free and clear of items to facilitate easy handwashing. Item was removed at time of inspection. (COS)

37: Bulk tea in tea urns not protected with lid.

39: Soiled, wet wiping cloths stored on working surfaces and not in sanitizer solution.

45: Some shelving rusted/poor repair in cooling units.

47: Some non-food contact surfaces dirty.

53: Floors dirty behind/underneath equipment. Litter noted in parking lot area.

54: Designated areas not provided/utilized for personal items.

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**Comments/Other Observations**

- 1: (IN): PIC has Active Managerial Control of food systems in FSE.
- 2: (IN): An employee health policy is available.
- 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: (IN): Observed employees washing hands as needed.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: (IN): Food products obtained from approved 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) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (IN) TCS foods holding at 135°F or above. See food temperatures listed above.
- 20: (IN) TCS foods holding at 41°F or below. See food temperatures listed above.
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 24 hours.
- 22: Establishment using TPHC to control whole shelled eggs on cookline. Products were time stamped at time of inspection. Adequate written policy provided on how to use TILT to control whole shelled eggs.
- 23: (IN): Consumer advisory provided for raw or undercooked foods. Disclosure and reminder provided 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: (IN) Establishment does not allow smoking inside facility.
- 58: (IN): Tobacco products not sold at establishment.

\*\*\*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.



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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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## Sources

Source Type:	Food	Source:	Approved sources noted
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Source Type:	Water	Source:	Public
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Source Type: \_\_\_\_\_ Source: \_\_\_\_\_

Source Type:	Source:
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Source Type:	Source:
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### ***Additional Comments***