



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name HAMPTON INN BREAKFAST Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 860 CONFERENCE DR ☐ Temporary ☐ Seasonal
City Goodlettsville Time in 08:50 AM AM / PM Time out 09:00 AM AM / PM
Inspection Date 03/20/2024 Establishment # 605256300 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 0

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									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5									
	IN	OUT	NA	NO	Employee Health																								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>										
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	No discharge from eyes, nose, and mouth									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>										
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	Hands clean and properly washed									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5									
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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Handwashing sinks properly supplied and accessible									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	2									
	IN	OUT	NA	NO	Approved Source																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Food obtained from approved source									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5									
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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Food in good condition, safe, and unadulterated									<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
	IN	OUT	NA	NO	Protection from Contamination																								
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Food separated and protected									<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>										
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Proper disposition of unsafe food, returned food not re-served									<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	2									

Compliance Status										COS					R					WT					
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																				
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																				
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"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>						
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
	IN	OUT	NA	NO	Consumer Advisory																				
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	4					
	IN	OUT	NA	NO	Highly Susceptible Populations																				
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered										<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
	IN	OUT	NA	NO	Chemicals																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used										<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					
	IN	OUT	NA	NO	Conformance with Approved Procedures																				
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"/>		<input type="checkbox"/>	<input type="checkbox"/>	5					

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)					
Compliance Status					COS	R	WT	Compliance Status					COS	R	WT
Safe Food and Water					Utensils and Equipment										
28	OUT	Pasteurized eggs used where required			O	O	1	45	O	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			O	O	1
29	O	Water and ice from approved source			O	O	2	46	O	Warewashing facilities, installed, maintained, used, test strips			O	O	1
30	O	Variance obtained for specialized processing methods			O	O	1	47	O	Nonfood-contact surfaces clean			O	O	1
Food Temperature Control					Physical Facilities										
31	O	Proper cooling methods used; adequate equipment for temperature control			O	O	2	48	O	Hot and cold water available; adequate pressure			O	O	2
32	O	Plant food properly cooked for hot holding			O	O	1	49	O	Plumbing installed; proper backflow devices			O	O	2
33	O	Approved thawing methods used			O	O	1	50	O	Sewage and waste water properly disposed			O	O	2
34	O	Thermometers provided and accurate			O	O	1	51	O	Toilet facilities: properly constructed, supplied, cleaned			O	O	1
Food Identification					Administrative Items										
35	O	Food properly labeled; original container; required records available			O	O	1	52	O	Garbage/refuse properly disposed; facilities maintained			O	O	1
Prevention of Food Contamination					Compliance Status					YES NO WT					
36	O	Insects, rodents, and animals not present			O	O	2	53	O	Physical facilities installed, maintained, and clean			O	O	1
37	X	Contamination prevented during food preparation, storage & display			O	O	1	54	O	Adequate ventilation and lighting; designated areas used			O	O	1
38	O	Personal cleanliness			O	O	1	55	O	Current permit posted			O	O	0
39	O	Wiping cloths, properly used and stored			O	O	1	56	O	Most recent inspection posted			O	O	
40	O	Washing fruits and vegetables			O	O	1	Non-Smokers Protection Act							
Proper Use of Utensils					Compliance Status					YES NO WT					
41	O	In-use utensils; properly stored			O	O	1	57		Compliance with TN Non-Smoker Protection Act			X	O	
42	O	Utensils, equipment and linens; properly stored, dried, handled			O	O	1	58		Tobacco products offered for sale			O	O	0
43	O	Single-use/single-service articles; properly stored, used			O	O	1	59		If tobacco products are sold, NSPA survey completed			O	O	
44	O	Gloves used properly			O	O	1								

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 report. T.C.A. sections 68-14-101, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Mindy Serrano Date 03/20/2024 Signature of Environmental Health Specialist Heather Park Date 03/20/2024

**** Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> ****

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



Establishment Information	
Establishment Name:	HAMPTON INN BREAKFAST
Establishment Number #:	605256300

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)

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

Observed Violations

Total # 1

Repeated # 0

37:

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DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: HAMPTON INN BREAKFAST

Establishment Number : 605256300

Comments/Other Observations

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***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: HAMPTON INN BREAKFAST

Establishment Number : 605256300

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

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Sources

Source Type:	Source:
Source Type:	Source:
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Additional Comments