TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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ALC: NO																												
Establishment Name				LaQuinta Inn & Suites Hotel Food Service Type of Establishment O Mobile																								
Address				2537 Highwood Blvd. O Temporary O Seasonal																								
City			Sr	myrr	na						Time	n 08	3:3	5 /	٩M	ļ	м/	PM	Tin	ne ou	ut 08:45: AM AN	/PM						
Inspe	Inspection Date 02/22/2024 Establishment # 605214110									Emb																		
			nspec			Routin				Now-up			Complain			- О Р		-		_	0	Cor	nsultation/Other					
Risk	Cat	ego	ny .		23	1			02			c	3			04					Fo	low-	up Required O Yes	覚 No	Number of	Seats	28	
			lisk																				to the Centers for Dise control measures to pre		and Prever	tion		
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\rightarrow	-	_	NA	NO	Pe	rson ir	hara	e rre		demon		knowle	dge, and					IN	0	л	NA	NO	Cooking and Reheating Control For Safe					
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$ \rightarrow $	×	0	NA	NO	Pr	oper u	se of re				usion Practic			0	0	Ť		8 10			0		a Public Hea Proper cooling time and temp		1	0		
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-+	× o	0	20	0	Re	quired	record					Iterated ags, par		0	0	°	IF	IN	+	-	NA	_	Chem			-	-	
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	_	001					Saf	e Fe	od an	nd Wat						<u> </u>			OUT				Utensils and Equip	ment			~ 1	
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30	2	0		ance	obta		or spec Food 1				g metho	ds		0	0	1	1 1-	46	0	Wa	rews	shin	g facilities, installed, maintaine	d, used, test	strips	0	0	1
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44						proper									0	-						- la	Provide the factor of the lateral sector	t dat for some of				
servi		stabli	shme	nt perm	nit. I	terns i	dentified	l as o	onstitu	ting imr	minent h	health ha	cards shall b	be corre	ected i	imme	Siately	or of	perat	ions :	shall	ceas	Repeated violation of an identica e. You are required to post the follows a written required to post the Co	od service est	ablishment perm	it in a c	onsp	icuous
repor	amer 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 port. T.C.A. sections (8-14-703, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.																											
(8	Ņ	U	ト	V	-#	m	C	5)				02/	22/2	2024	4	i		2	$\overline{}$			$\int \langle \langle \langle \rangle \rangle$			02/2	2/2	2024
Sign	atu	re of	Pers	son In	Ch	arge										Date	S	ignat	ure	of Er	nviro	onme	ental les 10,0 YC					Date
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PH-2	267	(Rev	6-15)					Fre	e 1000		ty traini se call	-		ava 158				ont				inty health department. p for a class.				R	XA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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LaQuinta Inn & Suites Hotel Food Service Establishment Name: 605214110 Establishment Number #:

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 l'emperature	
Description	Temperature (Fahrenheit)

escription	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: LaQuinta Inn & Suites Hotel Food Service Establishment Number : 605214110

Comments/Other Observations	
Comments/Other Observations 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: 57: 58:	
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14. (IN) All food contact surfaces of equinment and utensils cleaned and sanitized using approved	d methods
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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.

Establishment Information

Establishment Name: LaQuinta Inn & Suites Hotel Food Service Establishment Number : 605214110

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: LaQuinta Inn & Suites Hotel Food Service Establishment Number # 605214110

Sources		
Source Type:	Source:	

Additional Comments

All priority item violations have been corrected