



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

92

Establishment Name Waffle House # 387 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 2024 23rd St. ☐ Temporary ☐ Seasonal

City Chattanooga Time in 10:15 AM AM / PM Time out 10:45 AM AM / PM

Inspection Date 06/14/2023 Establishment # 605005953 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 50

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)				
<b>Supervision</b>																				COS	R	WT							
1	IN	OUT	NA	NO	Person in charge present, demonstrates knowledge, and performs duties.																	5							
<b>Employee Health</b>																				COS	R	WT							
2	IN	OUT	NA	NO	Management and food employee awareness, reporting																	5							
3	IN	OUT	NA	NO	Proper use of restriction and exclusion																								
<b>Good Hygienic Practices</b>																				COS	R	WT							
4	IN	OUT	NA	NO	Proper eating, tasting, drinking, or tobacco use																	5							
5	IN	OUT	NA	NO	No discharge from eyes, nose, and mouth																								
<b>Preventing Contamination by Hands</b>																				COS	R	WT							
6	IN	OUT	NA	NO	Hands clean and properly washed																	5							
7	IN	OUT	NA	NO	No bare hand contact with ready-to-eat foods or approved alternate procedures followed																								
8	IN	OUT	NA	NO	Handwashing sinks properly supplied and accessible																	2							
<b>Approved Source</b>																				COS	R	WT							
9	IN	OUT	NA	NO	Food obtained from approved source																								
10	IN	OUT	NA	NO	Food received at proper temperature																	5							
11	IN	OUT	NA	NO	Food in good condition, safe, and unadulterated																								
12	IN	OUT	NA	NO	Required records available: shell stock tags, parasite destruction																								
<b>Protection from Contamination</b>																				COS	R	WT							
13	IN	OUT	NA	NO	Food separated and protected																	4							
14	IN	OUT	NA	NO	Food-contact surfaces: cleaned and sanitized																	5							
15	IN	OUT	NA	NO	Proper disposition of unsafe food, returned food not re-served																	2							

  

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<b>Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods</b>																				COS	R	WT							
16	IN	OUT	NA	NO	Proper cooking time and temperatures																	5							
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding																								
<b>Cooling and Holding, Date Marking, and Time as a Public Health Control</b>																				COS	R	WT							
18	IN	OUT	NA	NO	Proper cooling time and temperature																	5							
19	IN	OUT	NA	NO	Proper hot holding temperatures																								
20	IN	OUT	NA	NO	Proper cold holding temperatures																								
21	IN	OUT	NA	NO	Proper date marking and disposition																								
22	IN	OUT	NA	NO	Time as a public health control: procedures and records																								
<b>Consumer Advisory</b>																				COS	R	WT							
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food																	4							
<b>Highly Susceptible Populations</b>																				COS	R	WT							
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered																	5							
<b>Chemicals</b>																				COS	R	WT							
25	IN	OUT	NA	NO	Food additives: approved and properly used																	5							
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used																								
<b>Conformance with Approved Procedures</b>																				COS	R	WT							
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan																	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)				
<b>Safe Food and Water</b>										COS	R	WT		
28	OUT	Pasteurized eggs used where required										1		
29	OUT	Water and ice from approved source										2		
30	OUT	Variance obtained for specialized processing methods										1		
<b>Food Temperature Control</b>										COS	R	WT		
31	OUT	Proper cooling methods used; adequate equipment for temperature control										2		
32	OUT	Plant food properly cooked for hot holding										1		
33	OUT	Approved thawing methods used										1		
34	OUT	Thermometers provided and accurate										1		
<b>Food Identification</b>										COS	R	WT		
35	OUT	Food properly labeled; original container; required records available										1		
<b>Prevention of Food Contamination</b>										COS	R	WT		
36	OUT	Insects, rodents, and animals not present										2		
37	OUT	Contamination prevented during food preparation, storage & display										1		
38	OUT	Personal cleanliness										1		
39	OUT	Wiping cloths: properly used and stored										1		
40	OUT	Washing fruits and vegetables										1		
<b>Proper Use of Utensils</b>										COS	R	WT		
41	OUT	In-use utensils; properly stored										1		
42	OUT	Utensils, equipment and linens; properly stored, dried, handled										1		
43	OUT	Single-use/single-service articles; properly stored, used										1		
44	OUT	Gloves used properly										1		

  

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<b>Utensils and Equipment</b>										COS	R	WT		
45	OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used										1		
46	OUT	Warewashing facilities, installed, maintained, used, test strips										1		
47	OUT	Nonfood-contact surfaces clean										1		
<b>Physical Facilities</b>										COS	R	WT		
48	OUT	Hot and cold water available; adequate pressure										2		
49	OUT	Plumbing installed; proper backflow devices										2		
50	OUT	Sewage and waste water properly disposed										2		
51	OUT	Toilet facilities: properly constructed, supplied, cleaned										1		
52	OUT	Garbage/refuse properly disposed; facilities maintained										1		
53	OUT	Physical facilities installed, maintained, and clean										1		
54	OUT	Adequate ventilation and lighting; designated areas used										1		
<b>Administrative Items</b>										COS	R	WT		
55	OUT	Current permit posted										0		
56	OUT	Most recent inspection posted										0		
<b>Compliance Status</b>										YES	NO	WT		
<b>Non-Smokers Protection Act</b>														
57	OUT	Compliance with TN Non-Smoker Protection Act										0		
58	OUT	Tobacco products offered for sale												
59	OUT	If tobacco products are sold, NSPA survey completed												

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 26-1-709, 26-1-706, 26-1-708, 26-1-710, 26-1-711, 26-1-715, 26-1-716, 4-5-329.

Signature of Person In Charge Michael H. Hines Date 06/14/2023 Signature of Environmental Health Specialist John P. Uhl Date 06/14/2023

\*\*\*\* 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: Waffle House # 387

Establishment Number #: 605005953

**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 #** 6**Repeated #** 0

36:

39:

47:

50:

53:

54:

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***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.

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Establishment Number : 605005953

**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:

Source Type: Source:

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**Additional Comments****\*\*Priority item #20 corrected. See original report dated 6/5/23.\*\***