



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name THE WELL COFFEEHOUSE Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 7618 HIGHWAY 70 S STE 107 ☐ Temporary ☐ Seasonal  
City Nashville Time in 10:20 AM AM / PM Time out 11:25 AM AM / PM  
Inspection Date 03/25/2024 Establishment # 605254337 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 72

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

Compliance Status										COS					R					WT				
Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																								
16	IN	OUT	NA	NO	Proper cooking time and temperatures					O					O					5				
17	IN	OUT	NA	NO	Proper reheating procedures for hot holding					O					O									
Cooling and Holding, Date Marking, and Time as a Public Health Control																								
18	IN	OUT	NA	NO	Proper cooling time and temperature					O					O					5				
19	IN	OUT	NA	NO	Proper hot holding temperatures					O					O									
20	IN	OUT	NA	NO	Proper cold holding temperatures					O					O									
21	IN	OUT	NA	NO	Proper date marking and disposition					O					O									
22	IN	OUT	NA	NO	Time as a public health control: procedures and records					O					O					4				
Consumer Advisory																								
23	IN	OUT	NA	NO	Consumer advisory provided for raw and undercooked food					O					O					5				
Highly Susceptible Populations																								
24	IN	OUT	NA	NO	Pasteurized foods used; prohibited foods not offered					O					O					5				
Chemicals																								
25	IN	OUT	NA	NO	Food additives: approved and properly used					O					O					5				
26	IN	OUT	NA	NO	Toxic substances properly identified, stored, used					O					O									
Conformance with Approved Procedures																								
27	IN	OUT	NA	NO	Compliance with variance, specialized process, and HACCP plan					O					O					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
	OUT	Safe Food and Water							OUT	Utensils and Equipment					
28	<input type="radio"/>	Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>	1	45	<input type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source			<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips			<input type="radio"/>	<input type="radio"/>	1
30	<input type="radio"/>	Variance obtained for specialized processing methods			<input type="radio"/>	<input type="radio"/>	1	47	<input type="radio"/>	Nonfood-contact surfaces clean			<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control							OUT	Physical Facilities					
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control			<input type="radio"/>	<input type="radio"/>	2	48	<input type="radio"/>	Hot and cold water available; adequate pressure			<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding			<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed; proper backflow devices			<input type="radio"/>	<input type="radio"/>	2
33	<input type="radio"/>	Approved thawing methods used			<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed			<input type="radio"/>	<input type="radio"/>	2
34	<input type="radio"/>	Thermometers provided and accurate			<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned			<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification						52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained			<input type="radio"/>	<input type="radio"/>	1
35	<input type="radio"/>	Food properly labeled; original container; required records available			<input type="radio"/>	<input type="radio"/>	1	53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean			<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination						54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used			<input type="radio"/>	<input type="radio"/>	1
36	<input type="radio"/>	Insects, rodents, and animals not present			<input type="radio"/>	<input type="radio"/>	2		OUT	Administrative Items					
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display			<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Current permit posted			<input type="radio"/>	<input type="radio"/>	0
38	<input type="radio"/>	Personal cleanliness			<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted			<input type="radio"/>	<input type="radio"/>	
39	<input type="radio"/>	Wiping cloths: properly used and stored			<input type="radio"/>	<input type="radio"/>	1		Compliance Status			YES	NO	WT	
40	<input type="radio"/>	Washing fruits and vegetables			<input type="radio"/>	<input type="radio"/>	1		Non-Smokers Protection Act						
	OUT	Proper Use of Utensils						57		Compliance with TN Non-Smoker Protection Act			<input checked="" type="radio"/>	<input type="radio"/>	
41	<input type="radio"/>	In-use utensils; properly stored			<input type="radio"/>	<input type="radio"/>	1	58		Tobacco products offered for sale			<input type="radio"/>	<input type="radio"/>	0
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled			<input type="radio"/>	<input type="radio"/>	1	59		If tobacco products are sold, NSPA survey completed			<input type="radio"/>	<input type="radio"/>	
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used			<input type="radio"/>	<input type="radio"/>	1								
44	<input type="radio"/>	Gloves used properly			<input type="radio"/>	<input type="radio"/>	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 68-14-705, 68-14-706, 68-14-707, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Tommy Eubanks Date 03/25/2024 Signature of Environmental Health Specialist Tommy Eubanks Date 03/25/2024

\*\*\*\* 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**



<b>Establishment Information</b>	
Establishment Name:	THE WELL COFFEEHOUSE
Establishment Number #:	605254337

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
Low temp dish machine	Chlorine	200	

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>
Reach in cooler	36
Reach in cooler	39
Reach in cooler	40
Reach in cooler	38

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>
Half & half in reach in cooler (sandwiched)	Cold Holding	39
Chicken in prep cooler dated 3/23	Cold Holding	37
Feta cheese in prep cooler dated 3/25	Cold Holding	39
Milk in reach in cooler dated 3/25	Cold Holding	41
Half & half in reach in cooler (sandwiched)	Cold Holding	41

**Observed Violations**

Total # 1

Repeated # 0

53: The kitchen ceiling, ceiling vents, and ceiling light shields are dirty.

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**Establishment Information**

Establishment Name: THE WELL COFFEEHOUSE

Establishment Number : 605254337

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Employee Health Policy is present.
- 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: Employees observed properly washing hands.
- 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: Food source: U.S. Foods, What Chef's Want
- 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 cooking during the inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods cooling during the inspection.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: Food temps listed.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: Consumer Advisory is on the 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:
- 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.***

\*\*\*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: THE WELL COFFEEHOUSE

Establishment Number : 605254337

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



<b>Establishment Information</b>	
Establishment Name:	THE WELL COFFEEHOUSE
Establishment Number #:	605254337

**Sources**

Source Type:	Food	Source:	U.S. Foods, What Chef's Want
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**