# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establishment Name																O Fermer's Market Food Unit		ſ		
			t Nar	ne	WAFFLE HOUSE #584						_	Type of Establishment O Mobile						1		
Address					2340 ELM HILL PIKE O Temporary O Seasonal   Nashville Time in 11:40; AM AM / PM Time out 12:20; PM AM / PM															
City										-			me or	ut 12:20: PM AM/P	4					
Ins¢	ectio	n Da	te		03/21/202	4 Establishment #	60525211	6			Emba	irgoe	d <u>0</u>							
Puŋ	ose	of In	spect	tion	Routine	O Follow-up	O Complaint			O Pro	Nimin	ary		c	Cor	nsuitation/Other				
Risi	Cat	egon			01	\$22	<b>O</b> 3			<b>O</b> 4						up Required 🛛 🛛 Yes 🕱 N			40	
		R	isk I													to the Centers for Disease control measures to preven		tion		
																INTERVENTIONS				
IN	⊧in c	(CD ompīiu		algnat	OUT-not in compliant		NO=not observe		Reint							ach item as applicable. Deduct point pection R=repeat (violatio	n of the same code provisi		,	
						liance Status		cos	R		Ē					Compliance Status			R	WT
		OUT	NA	NO	Person in charge or	Supervision esent, demonstrates kr	wiedge and			_		IN	ουτ	NA	NO	Cooking and Reheating of 1 Control For Safety (1				
1	嵩	O OUT	NA	10	performs duties	Employee Health	iomicage, and	0	0	5		<u>意</u>	00	0		Proper cooking time and temperate Proper reheating procedures for he		0	8	5
	X	0	nue.	no	Management and fo	od employee awarene	ss; reporting	0	-		-"	IN	олт		NO	Cooling and Holding, Date Ma		-	-	
3	黨	0			Proper use of restri			0	0	5						a Public Health		-		
4	X	OUT	NA			d Hygienic Practice g. drinking, or tobacco		0	o		19	<b>0</b> 溪	00	0		Proper cooling time and temperatu Proper hot holding temperatures	re	0	0	
5	1	0 OUT	NA			yes, nose, and mouth G Contamination by	Handa	0	0	<u> </u>	20	12	00	8		Proper cold holding temperatures Proper date marking and disposition	0	00	8	5
	×	0	100		Hands clean and pr	operly washed		0	0			*	0	ō		Time as a public health control: pro		0	ŏ	
7	鬣	0	0	0	No bare hand conta alternate procedure	ct with ready-to-eat foo s followed	ds or approved	0	0	۰		IN	OUT	-	-	Consumer Adv		-	-	
8	N IN	0 001	NA	NO	Handwashing sinks	properly supplied and a Approved Source	accessible	0	0	2	23	×	0	0		Consumer advisory provided for ra food	w and undercooked	0	0	4
9	嵐	0			Food obtained from	approved source		0				IN	OUT	NA	NO	Highly Susceptible P	opulations			
10	×	8	0	24		ion, safe, and unadulte		0	8	5	24	0	0	X		Pasteurized foods used; prohibited	foods not offered	0	0	5
12	0	0	X	0	Required records av destruction	vailable: shell stock tag	s, parasite	0	0			IN	ουτ	NA	NO	Chemical	ı			
		OUT O		NO	Protect Food separated and	tion from Contamina	ition	0	0	4	25	0 宸	0	X		Food additives: approved and prop Toxic substances properly identified		0	8	5
14	X	ŏ				es: cleaned and sanitiz	sed		_	5	20	IN	OUT	NA	NO	Conformance with Appro		Ŭ		
15	X	0			Proper disposition of served	f unsafe food, returned	food not re-	0	0	2	27	0	0	×		Compliance with variance, special HACCP plan	zed process, and	0	0	5
—	_	_				41						**	-	- 41		, chemicals, and physical of	landa lada dan da			
				900		is are preventive i	neasures to co	600							gena	, chemicals, and physical of	jects into toods.			
				00	T=not in compliance		COS=corre	cted or	n-site	during				•			ne same code provision)			
		OUT				iance Status ood and Water		COS	R	WT		0	UT			Compliance Status Utensils and Equipment	t	cos	R	WT
28 29					urized eggs used where required r and ice from approved source		8	8	1	4	5 (				nfood-contact surfaces cleanable, and used	properly designed,	0	0	1	
3	_				ce obtained for specialized processing methods Food Temperature Control		5	ŏ	ŏ	î	40	5 (	-			g facilities, installed, maintained, us	ed, test strips	0	0	1
3			Prop	er co		adequate equipment fo	r temperature	0	0	2	47	7 0	_			tact surfaces clean		0	0	1
3		-	contr		properly cooked for	hat halfing		0	I I	1	41		UT D H		f cold	Physical Facilities water available; adequate pressure		0		
3					thawing methods us			0	0	1	4	_	_			stalled; proper backflow devices	,		8	2
3	4	O OUT	Ther	mome	eters provided and a	courate		0	0	1	50		-			waste water properly disposed es: properly constructed, supplied, of	leaned	0	0	2
3	5		Food	i prop		container; required rec	ords available	0	0	1	5	_	_			use properly disposed; facilities mai		ō	ō	1
		OUT			Prevention of	Food Contaminatio	n				53	3 (	o P	hysica	al faci	lities installed, maintained, and clea	n	0	0	1
3	6	0	Insec	cts, ro	dents, and animals r	not present		0	0	2	54	•	0 A	dequa	nte ve	ntilation and lighting; designated ar	eas used	0	0	1
3	7	X	Cont	amina	ation prevented durin	g food preparation, sto	rage & display	0	0	1		0	υτ			Administrative items				
3	-	-	-		leanliness			0	0	1	54	_	_		-	nit posted		0	0	0
3					ths; properly used a ruits and vegetables	nd stored		0	0	1	54	5   (	0 <u> </u> M	lost re	cent	Compliance Status		O YES	O NO	WT
4	4	OUT	lo-us	o i do	Proper nsils; properly stored	Use of Utensils		0	0	-	5	,	-	omoli	2000	Non-Smokers Protect with TN Non-Smoker Protection Ac		x		
4	2	0	Uten	sils, e	quipment and linens	; properly stored, dried		0	0	1	53	3	T	obacc	o pro	ducts offered for sale		0	0	0
4					ed properly	es; properly stored, use	ю		0	1	55	9	1	tobac	co pr	oducts are sold, NSPA survey com	pieted	0	0	
																Repeated violation of an identical risk				
man	ner a	nd po	st the	most	recent inspection repo	t in a conspicuous mann	er. You have the rig	ht to n	eques							e. You are required to post the food so lling a written request with the Commis-				
repo	n. T.		rectio		14-703, 58-14-706, 58-14	-708, 68-14-709, 68-14-711							${\cal V}$	/						<b>a</b> -
		¥	$\succ$	$\geq$	412	$\sim$	03/2	21/2	_				$\sum$	X	Ľ	1 stak	(	)3/2	21/2	2024
Sig	natu	re of	Pers	on In	Charge					Date						ental Health Specialist				Date
_							·									ealth/article/eh-foodservice ***				
inser (	H-2267 (Rev. 6-15) Pree food safety training classes Please call (							ailable each month at the county health department. 3405620 to sign-up for a class.						XA 629						

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



Establishment Information	
Establishment Name: WAFFLE HOUSE	#584
Establishment Number # 605252116	

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							
Dishmachine Triple sink (not set up)	High temp Bleach		170							

Equipment Temperature			
Description	Temperature (Fahrenheit)		
Walk in freezer	-13		
Walk in cooler	38		
3 door cooler	38		
4 door cooler	37		

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Single use half and half in 2 door cooler near	Cold Holding	38				
Diced ham in prep cooler	Cold Holding	40				
Cooked pork chops off grill	Cooking	147				
Raw steak in 4 door grill cooler	Cold Holding	37				
Raw chicken in 4 door grill cooler	Cold Holding	36				
Chili on steam table	Hot Holding	148				
Unopened milk in walk in cooler	Cold Holding	42				
Unopened diced ham in walk in cooler	Cold Holding	41				
Unopened diced ham in 3 door cooler	Cold Holding	40				

Observed Violations
Total #

Repeated # 0

37: Personal drinks stored above establishments food in walk in cooler



### Establishment Information

Establishment Name: WAFFLE HOUSE #584

Establishment Number : 605252116

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: Has health policy

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 practice good hand washing

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: See 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: See temps
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No cooling done
- 19: See temps
- 20: See temps

21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.

- 22: Following policy
- 23: Has CA
- 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: (NÁ) 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: WAFFLE HOUSE #584 Establishment Number: 605252116

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: WAFFLE HOUSE #584 Establishment Number #: 605252116

Sources				
Source Type:	Food	Source:	Us foods	
Source Type:	Water	Source:	City	
Source Type:	Food	Source:	TNT Produce	
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments