

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Waffle House #848 Permanent O Mobile Establishment Name Type of Establishment 326 S. Mt. Juliet Rd. O Temporary O Seasonal Address **Mount Juliet** Time in 02:04 PM AM / PM Time out 02:24: PM AM / PM City 11/08/2021 Establishment # 605211096 Embargoed 0 Inspection Date ∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 42

Follow-up Required

О3

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| IN-in compliance OUT-not in compliance NA-not applicable NO-not observed C |                   |   |    |  |   |   | 0 |    |
|--|-------------------|---|----|--|---|---|---|----|
|  | Compliance Status |   |    |  |   |   | R | WT |
|  | IN                | OUT   | NA | NO   | Supervision   |   |   |    |
| 1  | 1 嶽 0             |   |    | Person in charge present, demonstrates knowledge, and<br>performs duties | 0   | 0 | 5 |    |
|  | IN                | OUT   | NA | NO   | Employee Health   |   |   |    |
| 2  | 300               | 0   |    |  | Management and food employee awareness; reporting   | 0 | 0 |    |
| 3  | ×                 | 0   |    |  | Proper use of restriction and exclusion   | 0 | 0 | 5  |
|  | IN                | OUT   | NA | NO   | Good Hygienic Practices   |   |   |    |
| 4  | X                 | 0   |    | 0  | Proper eating, tasting, drinking, or tobacco use  | 0 | 0 |    |
| 5  | 黨                 | 0   |    | 0  | No discharge from eyes, nose, and mouth   | 0 | 0 |    |
|  | IN                | OUT   | NA | NO   | Preventing Contamination by Hands   |   |   |    |
| 6  | 黨                 | 0   |    | 0  | Hands clean and properly washed   | 0 | 0 |    |
| 7  | 鼷                 | 0   | 0  | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0 | 0 | 5  |
| 8  | ×                 | 0   |    |  | Handwashing sinks properly supplied and accessible  | 0 | 0 | 2  |
|  | IN                | OUT   | NA | NO   | Approved Source   |   |   |    |
| 9  | 黨                 | 0   |    |  | Food obtained from approved source  | 0 | 0 |    |
| 10   | 0                 | 0   | 0  | ×  | Food received at proper temperature   | 0 | 0 |    |
| 11   | ×                 | Food in good condition, safe, and unadulterated |    | 0  | 0   | 5 |   |    |
| 12   | 0                 | 0   | ×  | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0 | 0 |    |
|  | IN                | OUT   | NA | NO   | Protection from Contamination   |   |   |    |
| 13   | Ŕ                 | 0   | 0  |  | Food separated and protected  | 0 | 0 | 4  |
| 14   | ×                 | 0   | 0  |  | Food-contact surfaces: cleaned and sanitized  | 0 | 0 | 5  |
| 15   | ×                 | 0   |    |  | Proper disposition of unsafe food, returned food not re-                                  | 0 | 0 | 2  |

|    |     |     |    |     | Compliance Status   | cos | R | WT |
|----|-----|-----|----|-----|---|-----|---|----|
|    | IN  | OUT | NA | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 | 凝   |     | 0  | 0   | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0   | 0   | 0  | 333 | Proper reheating procedures for hot holding                                 | 0   | 0 | ٠  |
|    | IN  | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | 0   | 0   | 0  | ×   | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×   | 0   | 0  | 0   | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | 243 | 0   | 0  |     | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *   | 0   | 0  | 0   | Proper date marking and disposition   | 0   | 0 |    |
| 22 | X   | 0   | 0  | 0   | Time as a public health control: procedures and records                     | 0   | 0 |    |
|    | IN  | OUT | NA | NO  | Consumer Advisory   |     |   |    |
| 23 | ×   | 0   | 0  |     | Consumer advisory provided for raw and undercooked<br>food                  | 0   | 0 | 4  |
|    | IN  | OUT | NA | NO  | Highly Susceptible Populations  |     |   |    |
| 24 | 0   | 0   | M  |     | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|    | IN  | оит | NA | NO  | Chemicals   |     |   |    |
| 25 | 0   | 0   | X  |     | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 菜   | 0   |    |     | Toxic substances properly identified, stored, used                          | 0   | 0 | 9  |
|    | IN  | OUT | NA | NO  | Conformance with Approved Procedures  |     |   |    |
| 27 | 0   | 0   | ×  |     | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

O Yes 疑 No

### s, chemicals, and physical objects into foods.

|    |     |  | GOO |   |    |
|----|-----|--|-----|---|----|
|    |     | OUT=not in compliance COS=con  |     |   |    |
|    |     | Compliance Status  | cos | R | W  |
|    | OUT | Safe Food and Water  |     |   |    |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 | 1  |
| 29 | 0   | Water and ice from approved source   | 0   | 0 | -  |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 | ١. |
|    | OUT | Food Temperature Control   |     |   |    |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | :  |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | Ī  |
| 33 | 0   | Approved thawing methods used  | 0   | 0 | 1  |
| 34 | 0   | Thermometers provided and accurate   | 0   | 0 | r  |
|    | OUT | Food Identification  |     |   |    |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 |    |
|    | OUT | Prevention of Food Contamination   |     |   |    |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | :  |
| 37 | 328 | Contamination prevented during food preparation, storage & display         | 0   | 0 |    |
| 38 | 0   | Personal cleanliness   | 0   | 0 | Г  |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 |    |
| 40 | 0   | Washing fruits and vegetables  | 0   | 0 | Г  |
|    | OUT | Proper Use of Utensils   |     |   |    |
| 41 | 120 | In-use utensils; properly stored   | 0   | 0 | Г  |
| 42 | 100 | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 |    |
| 43 | 0   |  | 0   | 0 | Г  |
| 44 | 0   | Gloves used properly   | -   | 0 |    |

| spect | ion | R-repeat (violation of the same code provision   | )     |    |    |
|-------|-----|--|-------|----|----|
|       |     | Compliance Status  | COS   | R  | WT |
|       | OUT | Utensiis and Equipment   |       |    |    |
| 45    | 0   | Food and nonfood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0     | 0  | 1  |
| 46    | 0   | Warewashing facilities, installed, maintained, used, test strips                         | 0     | 0  | 1  |
| 47    | 0   | Nonfood-contact surfaces clean   | 0     | 0  | 1  |
|       | OUT | Physical Facilities  |       |    |    |
| 48    | 0   | Hot and cold water available; adequate pressure  | 0     | 0  | 2  |
| 49    | 0   | Plumbing installed; proper backflow devices  | 0     | 0  | 2  |
| 50    | 0   | Sewage and waste water properly disposed   | 0     | 0  | 2  |
| 51    | 0   | Toilet facilities: properly constructed, supplied, cleaned                               | 0     | 0  | 1  |
| 52    | 0   | Garbage/refuse properly disposed; facilities maintained                                  | 0     | 0  | 1  |
| 53    | 0   | Physical facilities installed, maintained, and clean                                     | 0     | 0  | 1  |
| 54    | 0   | Adequate ventilation and lighting; designated areas used                                 | 0     | 0  | 1  |
|       | OUT | Administrative Items   | Т     |    |    |
| 55    | 0   | Current permit posted  | ि     | 0  |    |
| 56    | 0   | Most recent inspection posted  | 0     | 0  | 0  |
|       |     | Compliance Status  | YES   | NO | WT |
|       |     | Non-Smokers Protection Act   |       |    |    |
| 57    |     | Compliance with TN Non-Smoker Protection Act   | - 100 | 0  |    |
| 58    |     | Tobacco products offered for sale  | 0     | 0  | 0  |
| 59    |     | If tobacco products are sold, NSPA survey completed                                      | 0     | 0  |    |

icuous manner. You have the right to request a (10) days of the date of the

Signature of Person In Charge

11/08/2021

11/08/2021

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

Date

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629 ) 6154445325 Please call ( to sign-up for a class.

Date

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



| Establishment Information  |                                  |                            |                        |          |
|--|----------------------------------|----------------------------|------------------------|----------|
| Establishment Name: Waffle House #8  |                                  |                            |                        |          |
| Establishment Number #: [605211096   |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
| NSPA Survey - To be completed if   |                                  |                            |                        |          |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. | trict access to its buildings or | facilities at all times to | persons who are        |          |
| Age-restricted venue does not require each per   | rson attempting to gain entry    | to submit acceptable for   | orm of identification. |          |
|  |                                  |                            |                        |          |
| "No Smoking" signs or the international "Non-S   | moking* symbol are not cons      | spicuously posted at ev    | ery entrance.          |          |
| Garage type doors in non-enclosed areas are r  | not completely open.             |                            |                        |          |
|  |                                  |                            |                        |          |
| Tents or awnings with removable sides or vents   | s in non-enclosed areas are r    | not completely removed     | d or open.             |          |
| Smoke from non-enclosed areas is infiltrating in   | nto areas where smoking is p     | rohibited.                 |                        |          |
|  | •                                |                            |                        |          |
| Smoking observed where smoking is prohibited   | i by the Act.                    |                            |                        |          |
|  |                                  |                            |                        |          |
| Warewashing Info   |                                  |                            |                        |          |
| Machine Name   | Sanitizer Type                   | PPM                        | Temperature ( Fair     | renhelf) |
|  | - Cammado Typo                   |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
| Equipment Temperature  |                                  |                            |                        |          |
| Description  |                                  |                            | Temperature ( Fah      | renhelt) |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
| F17  |                                  |                            |                        |          |
| Food Temperature   |                                  | Mate of Food               |                        |          |
| Description  |                                  | State of Food              | Temperature ( Fah      | renneit) |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |
|  |                                  |                            |                        |          |

| bserved Violations   |  |
|--|--|
| tal #  3<br>peated #  0  |  |
| pealed # 0   |  |
| 7.<br>·  |  |
|  |  |
| ).<br>   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| One name at the end of this document for any violations that could not be displayed in this space. |  |

<sup>&#</sup>x27;See page at the end of this document for any violations that could not be displayed in this space.

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



| Establishment Information  |               |
|--|---------------|
| Establishment Name: Waffle House #848  |               |
| Establishment Number: 605211096  |               |
|  |               |
| Comments/Other Observations  |               |
| Comments/Other Observations  1: 2: 33: 44: 55: 65: Item corrected employees washing hands as needed.  7: 38: 96: 100: 111: 122: 133: 144: 155: 166: 177: 188: 199: 200: 211: 222: 233: 244: 255: 266: 277: |               |
| ).   |               |
| 3:   |               |
| 4:   |               |
| 5:   |               |
| 6: Item corrected employees washing hands as needed.   |               |
| 7:   |               |
| 3:<br>   |               |
| 9.<br>10·  |               |
| 10.<br> 11:  |               |
| 12:  |               |
|  |               |
| L4:  |               |
| 15:  |               |
| <u>16:</u>   |               |
| L/:<br>10:   |               |
| 10.<br>10·   |               |
| 20·  |               |
| 21:  |               |
| 22:  |               |
| 23:  |               |
| 24:  |               |
| 25:<br>  |               |
| 20.<br>27:   |               |
| 57:<br>57:   |               |
| 58:  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
|  |               |
| ***See page at the end of this document for any violations that could not be displayed   | in this space |

| Additional | Comments    |
|------------|-------------|
| Amminima   | C.OHHHHMINS |

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: Waffle House #848  |  |  |
|--|--|--|
| Establishment Number: 605211096        |  |  |
|  |  |  |
| Comments/Other Observations (cont'd)   |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Additional Comments (cont'd)           |  |  |
| See last page for additional comments. |  |  |
| Joe Mat page for additional comments.  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Establishment Information

| Establishment Information             |         |
|---------------------------------------|---------|
| Establishment Name: Waffle House #848 |         |
| Establishment Number #: 605211096     |         |
| Sources                               | 1       |
| Source Type:                          | Source: |
| Additional Comments                   |         |
| See routine inspection for comments   |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |
|                                       |         |