

Address

Inspection Date

Risk Category

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

级 Yes O No

O Farmer's Market Food Unit Best Western Suites Breakfast Establishment Name Permanent O Mobile Type of Establishment 201 Music City Circle O Temporary O Seasonal Nashville Time in 08:02 AM AM / PM Time out 08:40; AM

> 04/05/2024 Establishment # 605105436 Embargoed 0

O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 28

04

Follow-up Required

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS etus (IN, OUT, NA, NO) for ea

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	OS R WT Compliance Status				COS	R	WT					
	IN	IN OUT NA NO Supervision						IN	OUT N	NA	NO	Cooking and Reheating of Time/Temperature						
1	鼷	0	$\overline{}$		Person in charge present, demonstrates knowledge, and	0	0 0 5		L					Control For Safety (TCS) Foods				
Ľ		_			performs duties	•	امام			16	_	0	×		Proper cooking time and temperatures	0	0	- 5
	IN	OUT	NA	NO	Employee Health				17	0	0	0	300	Proper reheating procedures for hot holding	0	0		
2	- MC	0			Management and food employee awareness; reporting	0	0		П	l				Cooling and Holding, Date Marking, and Time as				
3	寒			0 0 5     '		IN	IN OUT NA	NA	NA NO	a Public Health Control								
	IN	IN OUT NA NO Good Hygienic Practices		18	0	0	×	0	Proper cooling time and temperature	0	0	$\Box$						
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5		0	180	0	0	Proper hot holding temperatures	0	0		
5	黨	0			No discharge from eyes, nose, and mouth	0	0		20		0	0		Proper cold holding temperatures	0	8	5	
		OUT	NA	NO	Preventing Contamination by Hands					0	100	0	0	Proper date marking and disposition	0	0		
6	黨	0			Hands clean and properly washed	0	0		22	0	l٥	×	0	Time as a public health control: procedures and records	0	0	1	
7	왮	0	0		No bare hand contact with ready-to-eat foods or approved	0	0	5		_	_				_	Ľ		
Ľ.			_		alternate procedures followed	_	-   -		-	IN	OUT	NA	NO	Consumer Advisory		_	_	
8	×		NA	N/A	Handwashing sinks properly supplied and accessible  Approved Source	0 0 2		23	0	0	38		Consumer advisory provided for raw and undercooked	0	0	4		
-			NA	NO		0.101		! ⊢	IN	ОИТ	NA	NO	food		$\overline{}$			
9			_	-	Food obtained from approved source	0	0		ı⊢	IIN	001	-	NO	Highly Susceptible Populations		_	_	
10	0	8	-		Food received at proper temperature Food in good condition, safe, and unadulterated	0	8	5	24	0	0	333		Pasteurized foods used; prohibited foods not offered	0	0	5	
111					Required records available: shell stock tags, parasite	_	-	•	l ⊫	-						$\perp$		
12	0	0	×	0	destruction	0	0			IN	ОUТ	NA	NO	Chemicals				
			NA		Protection from Contamination				25	0	0	100		Food additives: approved and properly used	0	0	- 5	
13	Ŕ				Food separated and protected	0 0 4		26	翼	0			Toxic substances properly identified, stored, used	0	ō	L.		
14	×	0	0		Food-contact surfaces: cleaned and sanitized C		0	5		IN	OUT	NA	NO	Conformance with Approved Procedures				
15	涎	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	黑		Compliance with variance, specialized process, and HACCP plan	0	0	5	

			GOO	DD R	ΕTΑ	IL PRA	CTIC	E3			
		OUT=not in compliance COS=corre	cted o	n-site	durin	g inspect		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 29		Pasteurized eggs used where required		0		45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0	1
30		Water and ice from approved source Variance obtained for specialized processing methods	8	18	2	ι⊢	-	constructed, and used	-	-	-
30	OUT		0 0 1		46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1	
_	001		_	_		<del> </del>	-	Nondrood control conference alone	+-	_	<u> </u>
31	0	Proper cooling methods used; adequate equipment for temperature	0	lo	2	47	_	Nonfood-contact surfaces clean	0	0	_1_
	_	control		_	_		OUT	Physical Facilities			
32	0	Plant food properly cooked for hot holding	0	0	1	48	0	Hot and cold water available; adequate pressure	0	0	2
33	0	Approved thawing methods used	0	0	1	49	0	Plumbing installed; proper backflow devices	0	0	2
34	×	Thermometers provided and accurate	0	0	1	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification			51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1	
35	0	Food properly labeled; original container; required records available	0	0	1	52	0	Garbage/refuse properly disposed, facilities maintained	0	0	1
	OUT	Prevention of Feed Contamination				53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	1		OUT	Administrative Items			
38	0	Personal cleanliness	0	0	1	55	0	Current permit posted	0	0	
39	0	Wiping cloths; properly used and stored	0	0	1	56	0	Most recent inspection posted	0	0	ı v
40	0	Washing fruits and vegetables	0	0	1			Compliance Status	YES	NO	WT
	OUT			Non-Smokers Protection Act							
41	0	In-use utensils; properly stored	0	0	1	57		Compliance with TN Non-Smoker Protection Act	T XX	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	58		Tobacco products offered for sale	0		
43	0	Single-use/single-service articles; properly stored, used	0	0	1	59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1						

en (10) days of the date of the

04/05/2024 Date 04/05/2024

Signature of Person In Charge

Date

\*\*\*\* 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: Best Western Suites Breakfast

Smoking observed where smoking is prohibited by the Act.

Establishment Number #: 605105436

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.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)						
3 compartment sink	QA	300							

Equipment Temperature							
Description	Temperature ( Fahrenheit)						
Reach In Cooler	40						
#2 Reach In Cooler	38						

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit
milk in Reach In Cooler	Cold Holding	40
Eggs in #2 Reach In Cooler	Cold Holding	37
Sausage in #2 Reach In Cooler	Cold Holding	39
Eggs in warmer	Hot Holding	140
Sausage in warmer	Hot Holding	159

Observed Violations									
Total # B									
Repeated # 0									
19: Cooked eggs that was cooked sometime this morning being held inside									
microwave at 107f. Corrective action, embargoed 5LBS. Corrective action,									
proper hot holding was discussed. TCS food should be held hot at 135f or higher.									
21: Person in charge was not sure when milk in Reach In Cooler was opened.									
Corrective action, embargoed 1lbs. 24 hours date marking was discussed.									
34: No probe thermometer available									
154. No probe thermometer available									

<sup>&</sup>quot;"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: Best Western Suites Breakfast

Establishment Number: 605105436

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: An employee health policy is available
- 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: Observed
- 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: Next page
- 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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: NA
- 20: Check temperature log
- 22: (NA) No food held under time as a public health control.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 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.

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

omments/Other Obser	rations (cont'd)	
dditional Comments (d	ont'd)	
	dditional comments.	

Establishment Information

Establishment Information  Establishment Name: Best Western Suites Breakfast									
Establishment Name: Be Establishment Number #:		eakfast							
Latabilatifierit (vumber #;	605105436								
Sources									
	Faad	0	Comes and OEO						
Source Type:	Food	Source:	Sams and GFS						
Source Type:		Source:							
Source Type:		Source:							
Source Type:		Source:							
Source Type:		Source:							
Additional Commer	nts								