# TENNESSEE DEPARTMENT OF HEALTH

ALCONT OF

Signature of Person In Charge

						FOOD SERV	ICE ESTA	BL	ISH	IME	ENT		ISI	PEC	TIC	ON REPORT SC	ORE		
Esta	blish	men	t Nan	ne ,	Wendy's						_	Тур	e of I	Establi	shme	o Farmer's Market Food Unit ent © Permanent O Mobile	(	)	
Add	ess				8092 Rocko	reek Cove					_					O Temporary O Seasonal			
City					Cordova		Time in	01	L:1	5 F	<u>M</u>	A	M/P	M Tir	ne o	иt 02:30: PM АМ/РМ			
Insp	ectio	n Da	rte	(	02/16/202	23 Establishment #	60525125	0			Emba	irgoe	d O	00					
Purp	ose	of In	spect		Routine	O Follow-up	O Complaint			_	elimin				Cor	nsuitation/Other			
Risk	Cat	egon	,		<b>O</b> 1	\$\$C2	03			04				Fo	ilow-	up Required 🕱 Yes O No 🛛 Number o	Seats	52	2
			isk F													to the Centers for Disease Control and Preve control measures to prevent illness or injury.	ntion		
				as c	ontributing fact									_		INTERVENTIONS			
		<u> </u>		elgnet		us (IH, OUT, HA, NO) for e	ach numbered item	. For		mark	ed 00	π, ••	ark Co	05 or R	for e	ach item as applicable. Deduct points for category or subc		)	
IN	in co	ompili	ance		OUT=not in complian Com	nce NA=not applicable pliance Status	NO=not observe	d COS	R		S=cor	recte	d on-s	ite duri	ng ins	pection R=repeat (violation of the same code prov Compliance Status		R	WT
	IN	ουτ	NA	NO		Supervision						IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature			
1	8	٥			Person in charge p performs duties	present, demonstrates kr	nowledge, and	0	0	5	16	2	0	0	0	Control For Safety (TCS) Foods Proper cooking time and temperatures	0	0	
2			NA	NO	Management and	Employee Health food employee awarene	ss: reporting	0			17	0	0	0	×	Proper reheating procedures for hot holding	_	0	L°.
		ŏ				riction and exclusion	ou, reporting	ō	ō	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control	'		
			NA			od Hygionic Practico		~				0	0			Proper cooling time and temperature	0	0	
4	ŝ	8				ting, drinking, or tobacco eyes, nose, and mouth	use	0	0	5	19	22	0	8	0	Proper hot holding temperatures Proper cold holding temperatures	8	00	5
	IN O		NA		Prevent Hands clean and p	ing Contamination by properly washed	/ Hands	0	0			*		0		Proper date marking and disposition	0	0	ľ
-		õ	0	0	No bare hand cont	tact with ready-to-eat foo	ds or approved	0	ō	5	22		0	NA NA	-	Time as a public health control: procedures and records	0	0	
8	0	23			alternate procedur Handwashing sink	s properly supplied and	accessible	0	0	2	23	IN O	OUT	104	NO	Consumer Advisory Consumer advisory provided for raw and undercooked	0	0	4
	_		NA	_	Food obtained from	Approved Source mapproved source		0	0	-	-	IN	OUT		NO	food Highly Susceptible Populations	-		
10	0	0	0		Food received at p		ratod		0	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
11 12	_	_	×	0	Required records a	available: shell stock tag		ō	6	Ĩ	H	IN	OUT	NA	NO	Chemicals			
	IN	OUT	NA	NO	destruction Protect	ction from Contamin	ation				25	0	0	X		Food additives: approved and properly used	0	0	5
		<u>e</u>			Food separated an Food-contact surfa	nd protected sces: cleaned and sanitiz	red	00	00	4	26	N N	O OUT	NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	Ļ
		õ				of unsafe food, returned		0	0	2	27	0	0	8		Compliance with variance, specialized process, and HACCP plan	0	0	5
		_	_	-						_									
				Goo	d Retail Practic	ses are preventive r	neasures to co						_		gens	, chemicals, and physical objects into foods.			
				00	F=not in compliance		COS=corre	cted o					ICE	5		R-repeat (violation of the same code provision)			
_		OUT				pliance Status Food and Water		COS	R	WT		То	UT			Compliance Status Utensils and Equipment	COS	R	WT
2	_				d eggs used where ice from approved	e required		0	8	1	4		o F			nfood-contact surfaces cleanable, properly designed,	0	0	1
3	)	0	Varia		btained for special	ized processing method: mperature Control	\$	ő	8	1	4	5 (	- É			and used g facilities, installed, maintained, used, test strips	0	0	1
		OUT	_	er coo		mperature Control ; adequate equipment fo	or temperature	-		-	4	, ,	_			tact surfaces clean	0	0	1
3		0	contr		properly cooked fo	s hat heldes		0	0	2	4	_	UT OF		l cold	Physical Facilities water available; adequate pressure		0	
3	_				thawing methods u			0	0	1	4	_				stalled; proper backflow devices	8	0	2
3		O OUT	Then	mome	eters provided and	accurate I Identification		0	0	1	5	_				waste water properly disposed is: properly constructed, supplied, cleaned	0	0	2
3	_	22	Food	prop		al container; required rec	ords available	0	0	1	5					use properly disposed; facilities maintained	6	ŏ	1
		OUT				of Food Contaminatio				_	5	3 3	- I.	-		ities installed, maintained, and clean	0	0	1
3	;	0	Insec	ts, ro	dents, and animals	not present		0	0	2	5	1 (	0 /	dequa	de ve	ntilation and lighting; designated areas used	0	0	1
3	'	X	Cont	amina	ition prevented dur	ing food preparation, sto	rage & display	0	0	1		0	UΤ			Administrative items			
3					leanliness			0	0	1	5	_				nit posted		0	0
3	_				ths; properly used a ruits and vegetable			0	0	1	5	9   (	0 1	nost re	cent	Compliance Status	O YES	O NO	WT
4	_	OUT				r Use of Utensils			0		5	,	_	omeEr	10.00	Non-Smokers Protection Act with TN Non-Smoker Protection Act			
4	2	0	Utens	sils, e	quipment and liner	s; properly stored, dried		0	0	1	5	8	T	obaco	o pro	ducts offered for sale	0	Š	0
4					/single-service artic ed properly	cles; properly stored, use	ed	8	8	1	5	9	l	tobac	co pr	oducts are sold, NSPA survey completed	0	0	

ener 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 00/02/16/2022

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Date Signature of Environmental Health Specialist

02/16/2023

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•••• ,	Additional food safety information ca	n be found on our website, http	p://tn.gov/health/article/eh-foodservic	;e ****
PH-2267 (Rev. 6-15)	Free food safety training classe Please call (		at the county health department. to sign-up for a class.	

Date

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



#### Establishment Information

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Establishment Name: Wendy's
Establishment Number #: 605251250

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.	No
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	No
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	No
Garage type doors in non-enclosed areas are not completely open.	No
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	No
Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited.	Yes
Smoking observed where smoking is prohibited by the Act.	Yes

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						

Equipment Temperature	oment Temperature				
Description Temperature (Fat					
Walk in cooler	41				
Walk in freezer	-10				

Food Temperature	Food Temperature					
Decoription	State of Food	Temperature (Fahrenheit)				
Chili	Hot Holding	170				
Hamburger patty	Hot Holding	140				
Chicken patty	Hot Holding	160				
Chicken nuggets	Hot Holding	140				
Chicken nuggets	Hot Holding	130				
Chili	Hot Holding	120				
Nacho cheese	Hot Holding	160				
Raw beef	Cold Holding	35				
Hamburger patty	Cooking	170				

Total # 10 Repeated # ()

6: Employees were not observed washing hands. Employees must properly wash hands while changing tasks and/or stations.

8: One hand washing sink does not have soap and the other hand washing sink does not have paper towels. Please adequately supply each hand washing sinks. 14: The beverage dispensers in the lobby and by the drive-thru are not clean. Please wash, rinse, and sanitize nozzles.

35: There were several bags observed out of their original container. Any food not in its original container without an original label must have a written label according to its contents.

37: There was an open container of lettuce on the bottom shelf. Please adequately cover foods in the refrigerator or freezer.

38: Hairnets are not being properly worn. Please wear adequate head coverings.44: Please educate the employee about change out gloves when moving from station to station

49: There is a leak in the walk-in refrigerator and an accumulation of water on the floor. Please repair to avoid water on the floor.

51: The men's restroom is not clean. Please adequately supply restrooms and maintain cleanliness.

53: The floor is not clean upon arrival. There is food and other items on the floor. Please maintain cleanliness of the floor.

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### Establishment Information

Establishment Name: Wendy's

Establishment Number : 605251250

Comments/Other Observations		
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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: Wendy's

Establishment Number: 605251250

Comments/Other Observations (cont'd)

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

#### Establishment Information

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Sources				
Source Type:	Food	Source:	Sigma	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

#### Additional Comments