

Establishment Name

Purpose of Inspection

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Type of Establishment

Permanent O Mobile O Temporary O Seasonal

2210 Armory Drive Address

KRoutine

Time in 01:16 PM AM/PM Time out 01:21: PM AM/PM

04/22/2024 Establishment # 605253174

Embargoed 0

Inspection Date O Follow-up

Waffle House 528

Murfreesboro

O Preliminary

O Consultation/Other

Risk Category

О3

O Complaint

Follow-up Required

O Yes 疑 No

Number of Seats 44

SCORE

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

12	IN-in compliance OUT-not in compliance NA-not applicable NO-not observed					d		0
	Compliance Status						R	WT
	IN	OUT	NA	NO	Supervision			
1	鼷	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	-MC	0			Management and food employee awareness; reporting	0	0	-
3	寒	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	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA		Preventing Contamination by Hands			
6	100	0		0	Hands clean and properly washed		0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	X	0			Handwashing sinks properly supplied and accessible		0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source		0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated		0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	×	0	0		Food separated and protected		0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized		0	5
15	×	0			Proper disposition of unsafe food, returned food not re- served		0	2

Compliance Status						000	К	** 1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	涎	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	-
22	×	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 food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	×	0			Toxic substances properly identified, stored, used	0	0	•
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

s, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mon			
28	0	Pasteurized eggs used where required	0	0	
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	
	OUT	Food Temperature Control		_	
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	г
33	0	Approved thawing methods used	0	0	г
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	Г
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	Г
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	0	Gloves used properly	-	0	т

		Compliance Status	COS	R	WT
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	100	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	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	180	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	_ 0	0	

a conspicuous manner. You have the right to request a h . 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. (10) days of the date of the

ignature of Person In Charge

04/22/2024 Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15)) 6158987889 Please call (to sign-up for a class.

04/22/2024

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information								
Establishment Name: Waffle House 52								
Establishment Number #: 605253174								
NSPA Survey - To be completed if								
Age-restricted venue does not affirmatively resitiventy-one (21) years of age or older.	trict access to its buildings o	r 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 con	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 vent	s in non-enclosed areas are	not completely removed	d or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is i	prohibited.						
Smoking observed where smoking is prohibited	d by the Act.							
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fait	renhelf)				
			Tomporanaro (Tan					
		•	•					
Equipment Temperature								
Description			Temperature (Fah	renhelt)				
Food Townsonting								
Food Temperature Description		State of Food	Temperature (Fah					
Decomption		state of Food	reinperature (Fair	reminent/				
I								

bserved Violations	
tal# [] peated# []	
pealed # ()	
7· ·	
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 528							
Establishment Number: 605253174							
THE SAME OF THE SA							
Comments/Other Observations							
1. 2·							
3.							
4:							
5:							
6:							
7:							
8:							
9:							
10:							
11:							
12. 12.							
1 <i>1</i> .							
15 [.]							
16:							
17 :							
18:							
19:							
20:							
1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27:							
22: 22:							
23. 24·							
25·							
26:							
27:							
57: 58:							
58:							
***See page at the end of this document for any violations that could not be	displayed in this space.						
	Pender Trans (The Will Color File All Trans Miller Andres)						
Additional Comments							
Additional Comments							

See last page fo	r additional co	omments.		

^{***}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 528						
Establishment Number: 605253174						
Comments/Other Observations (cont'd)						
Additional Comments (contint						
Additional Comments (cont'd)						
See last page for additional comments.						

Establishment Information							
Establishment Name: Waffle House 528							
Establishment Number #: 605253174							
Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							