

Establishment Name

Inspection Date

Risk Category

Address

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

Number of Seats 40

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

O Yes 疑 No

03/27/2024 Establishment # 605261325

Time in 08:10 AM AM / PM Time out 08:15: AM AM / PM

Embargoed 0

HOLIDAY INN EXPRESS BREAKFAST

301 CLAY ST

Nashville

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

Follow-up Required

12	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		0
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	氮	Person in charge present, demonstrates knowledge, and performs duties		0	0	5		
	IN	OUT	NA	NO	Employee Health			
2	TAC	0			Management and food employee awareness; reporting	0	0	
3	3 家 O Propo			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	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 alternate procedures followed	0	0	5
8	×	_			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	×	0			Food in good condition, safe, and unadulterated	0	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	0	4
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16			0	0	Proper cooking time and temperatures	0	0	5
17	*	0	0	0	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	X	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	250	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	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 HACCP plan	0	0	5

### trol the introduction of pathogens, chemicals, and physical objects into foods.

			GOO			
		OUT=not in compliance COS=con				
		Compliance Status	cos	R	W	
	OUT	Caro i con amo i i mori			_	
28	0	Pasteurized eggs used where required	0	0	1	
29	0		0	0		
30	0	Variance obtained for specialized processing methods	0	0	1	
	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	r	
33	0	Approved thawing methods used	0	0	7	
34	0	Thermometers provided and accurate	0	0	Г	
	OUT	JT Food Identification				
35	0	Food properly labeled; original container; required records available	0	0	ŀ	
	OUT	Prevention of Food Contamination				
36	0	Insects, rodents, and animals not present	0	0	:	
37	0	Contamination prevented during food preparation, storage & display	0	0	ŀ	
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	'	
	OUT	Proper Use of Utensils			Π	
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		0	0	r	
-						

pecti	on	R-repeat (violation of the same code provision		_	
		Compliance Status	cos	R	W
	OUT	Utensils 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	0	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	-
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	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	'
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

ort in a conspicuous manner. You have the right to request a h 14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. n (10) days of the date of the

Signature of Person In Charge

03/27/2024

Date Signature of Environmental Health Special

03/27/2024

\*\*\*\* 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) ) 6153405620 Please call ( to sign-up for a class.

RDA 629

Date

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



Establishment Information				
	XPRESS BREAKFAS	ST		
Establishment Number #:  605261325				
MCDA Common To be completed if	#F7 := #M=#			
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		facilities at all times to pe	rsons who are	
twenty-one (21) years of age or older.				
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable form	of identification.	
"No Smoking" signs or the international "Non-Si	moking" symbol are not cons	picuously posted at every	entrance.	
Garage type doors in non-enclosed areas are n	ot completely open.			
Tents or awnings with removable sides or vents	s in non-enclosed areas are n	not completely removed o	r 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			1	
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renneit)
Equipment Temperature				
Description			Temperature ( Fah	renhelt)
			•	
Food Temperature			1=	
Description		State of Food	Temperature ( Fah	renneit)

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

Establishment Information



omments/Other Observations	
See page at the end of this document for any violations that could n	

Additional Col	mments			
See last pa	age for addition	onal comme	ents.	

<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: HOLIDAY INN EXPRESS BREAKFAST				
Establishment Number: 605261325				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				
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Establishment Information

Establishment Name: HOI	DAY INN EXPRESS BREAKFAST	
	05261325	
Sources		
Source Type:	Source:	
Additional Comment		

Establishment Information