# **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

63.30

						FOOD SERV	ICE ESTA	BL	ISI	IMI	ENT	<b>Г II</b>	NSI	PEC	TI	ON REPORT	sc	ORE		
8		414	C. A.													O Fermer's Market Food U		ſ	7	
Esta	blish	imen	t Nar		Waffle Hous	e #626					_	Tvr	e of l	Establi	ishmi	E Permanent O Mobi		7	5	
Add	ress				28 Birmingha	am Hwy.						. ,,				O Temporary O Seas				
City					Chattanooga	a	Time in	11	L:4	5 A	M	A	M/P	м ті	me o	ut 12:00: PM AM	/ PM			
Insp	ectio	n Da	ite		01/19/202	23 Establishment#						_								
			spec		ORoutine	御 Follow-up	O Complaint			O Pr					<b>)</b> Co	nsuitation/Other				
Risk	Cat	egor	y		01	\$E2	03			04				Fo	-wollo	up Required O Yes	No Number of	Seats	54	
		_		Fact	ors are food prep	paration practices	and employee	beh	vior	a mo	et c	omn	nonh	rep	orte	d to the Centers for Disea control measures to prev	se Control and Preve			
					our mering race											INTERVENTIONS	ent niness of injury.			
				algna		s (IN, OUT, NA, NO) for e	ach numbered Her	n. For		mark	ed 00	л, н	ark C	05 or R	t for e	each item as applicable. Deduct			)	
IN	∘in co	mpli	ance			ce NA=not applicable	NO=not observ		R		)S=co	rrecte	d on-s	ite duri	ing int	spection R=repeat (vic Compliance Statu	lation of the same code prov		R	WT
	IN	ουτ	NA	NO		Supervision						IN	OUT	NA	NO	Cooking and Reheating			_	
		0			Person in charge pr performs duties	resent, demonstrates k	nowledge, and	0	0	5		0	0			Control For Safet Proper cooking time and temp	eratures	0	0	5
	IN XX		NA	NO	Management and fo	Employee Health ood employee awarene	ss; reporting	0	0		17	-	0			Proper reheating procedures for Cooling and Holding, Date		_	0	9
		0			Proper use of restri	ction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Heat	•••			
	IN X	OUT O	NA	NO		d Hygionic Practice		0	0			0	0	8		Proper cooling time and tempe Proper hot holding temperature		0	0	
5	24	0	NA		No discharge from	eyes, nose, and mouth ng Contamination by		ŏ	ŏ	5	20	8	š	0		Proper cold holding temperatu	res	0		5
	1	0	nun.		Hands clean and pr	roperly washed		0	0			12	6	0		Proper date marking and dispo Time as a public health control		0	0	
	鬣	0	0	0	alternate procedure			0	0	°		IN	OUT	NA	NO	Consumer	Advisory			
		OUT	NA	NO		Approved Source	accessible		0	2	23	×	0	0		Consumer advisory provided food	or raw and undercooked	0	0	4
	<u>8</u>		0		Food obtained from Food received at pr			8	0			IN	OUT		NO			-		
11	×	0		_	Food in good condit	tion, safe, and unadulte vailable: shell stock tag		0	0	5	24	-	0	22		Pasteurized foods used; prohit		0	0	5
		O OUT	X	O NO	destruction	tion from Contamin		0	0		25	IN O		NA		Chemi Food additives: approved and		0	0	
13	2	0	0		Food separated and	d protected		_	0		26	鬣	0		·	Toxic substances properly idea	ntified, stored, used	Ň		5
	_	0	0	1		ces: cleaned and sanitiz of unsafe food, returned		0	0	5	27	IN O	OUT	NA	NO	Compliance with variance, spe		0	0	5
	~	Ŭ			served			Ŭ	Ŭ	-	Ľ.	Ŭ	Ŭ	~		HACCP plan		Ţ	Ŭ	
				Goo	d Retail Practice	es are preventive r	neasures to co	ontro	d the	intr	oduc	tion	of	atho	gen	s, chemicals, and physica	l objects into foods.			
				01	T=not in compliance		COS=com			ALE.				8		R-reneat (violation	of the same code provision)			
	_	OUT			Comp	liance Status ood and Water	000-0011		R		Ê		UT	_	_	Compliance Stat	us		R	WT
2	8	0	Past	eurize	ed eggs used where	required			0		4	_	o F			onfood-contact surfaces cleanat		0	0	1
2	0	0	Varia			zed processing method	5	8	00	2	4	+	. 1			, and used Ig facilities, installed, maintained	t used test strips	0	0	1
	_	OUT	_	er co		nperature Control adequate equipment fo	or temperature				4	_	-			ntact surfaces clean		0	0	1
3		0	cont	rol	properly cooked for			0	0	2	4		UT O F	lat and	f oold	Physical Facilitie d water available; adequate pres			0	2
3	3	0	Appr	roved	thawing methods us	ed		0	0	1	4	9	ŌF	Numbi	ng ins	stalled; proper backflow devices		0	0	2
3	-	O OUT		mom	eters provided and a Food	Identification		0	0	1	5					d waste water properly disposed es: properly constructed, supplie		0	00	2
3	5	0	Foo	d prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	0	Sarbag	e/ref	use properly disposed; facilities	maintained	0	0	1
	_	OUT	_			f Feed Contaminatio	'n				5	_	-			ilities installed, maintained, and		0	0	1
3	-	-			idents, and animals i			0	0	2	5	-	-	vaequa	ste ve	entilation and lighting; designate		0	0	1
3	_	0				ng food preparation, sto	rage & display	0	0	1			UT			Administrative Ite	ms			
3	-	26	Wip	ng cic	cleanliness oths; properly used a			0		1						nit posted inspection posted			0	0
4	-	0 OUT		hing f	ruits and vegetables Proper	Use of Utensils		0	0	1			_			Compliance State Non-Smokers Pro		YES	NO	WT
4	1	2	In-us		nsils; properly stored		handlad	8	8	1	5					with TN Non-Smoker Protection oducts offered for sale		8		0
4 4	3	0	Sing	le-use		s; propeny stored, dned les; properly stored, us		Ō	ĕ	1	5	9				roducts are sold, NSPA survey	completed	6	ŏ	Ŷ
		-				ms within ten (40) dave e	w result in surrow				servic		blish	ment re	ermit	Repeated violation of an identical	risk factor may result in rev	ocation	of we	ar for-
	ce es	tabli	shme	nt perm	nit. Items identified as	constituting imminent he	alth hazards shall b	e com	ected i	immed	iately	or op	eratio	ns shal	l ceas	e. You are required to post the foo filing a written request with the Cor	d service establishment per	nit in a	consp	icuou
repo		SA I	sectio	ns 68-		4-708, 68-14-709, 68-14-71						-	7		Ó	A		-		
1	Γ-	וג	C		~		01/2	19/2			_	4	Ør	N	<b>.</b>	1 th		01/1	19/2	-
Sigr	natur	e of	Pers	ion In	Charge					Date						ental Health Specialist				Date
															-	health/article/eh-foodservice unty health department.				
PH-2	267 (	(Rev.	6-15	9			call (									p for a class.			R	DA 625

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



#### Establishment Information

Establishment Name: Waffle House #626 Establishment Number # 605314455

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

ecoription	State of Food	Temperature ( Fahrenheit

Observed Violations	
iotal # 2	
Repeated # 0	
9:	
-1:	

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### Establishment Information

Establishment Name: Waffle House #626 Establishment Number : 605314455

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.

stablishment Information
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Establishment Name: Waffle House #626 Establishment Number: 605314455

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Waffle House #626 Establishment Number #. 605314455

Source:
Source:
Source:
Source:
Source:

# Additional Comments

\*\*Priority item #26 corrected. See original report dated 1/19/23.\*\*