# TENNESSEE DEPARTMENT OF HEALTH

AND A			D		FOOD SERVICE ESTA	BLI	SH	ME	ENT	r II	NS	PEC	TI	ON REPORT SCO	SCORE						
Waffle House #1654			Waffle House #1654	O Farmer's Market Food Unit  Turne of Establishment  Ø Permanent  O Mobile							El Permanent O Mobile		ſ								
Add	ress				4343 Hwy 58	Type of Establishment     O Temporary     O Seasonal									/						
City					Chattanooga Time in	09	9:3	0 A	M	A	M/F	M Tk	ne o	ut 10:10:AM AM/PM							
					03/12/2024 Establishment # 60517947				Emba	-											
		n Da				±		- O Pro					0	nsultation/Other							
		of In:							samin	ary						30					
Risi	Cat	egon R			O1 22 O3 preparation practices and employee	beha		04	st c	omn	non			up Required O Yes X No Number of		39	_				
				as c	ontributing factors in foodborne illness outbreak	8. P	ublic	He	lth	Inte	rver	tions	are	control measures to prevent illness or injury.							
		(Ma	rik de	elonet	FOODBORNE ILLNESS Ri ed compliance status (IH, OUT, HA, HO) for each numbered item										egory.						
IN	∙in c	ompili			OUT=not in compliance NA=not applicable NO=not observe							site duri									
	_	_	_	_	Compliance Status	COS	R	WT		_	_			Compliance Status	COS	R	WT				
Ц	_	OUT	NA	NO	Supervision					IN	ou	T NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods							
1	鬣	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5		0			×	Proper cooking time and temperatures	0	0	5				
2	IN XX	OUT	NA	NO	Employee Health Management and food employee awareness, reporting	0	0		17	0	0	0	22	Proper reheating procedures for hot holding Ceoling and Holding, Date Marking, and Time as	0	0	-				
	×	0			Proper use of restriction and exclusion	0	0	5		IN	00	T NA	NO	a Public Health Control							
		OUT	NA		Good Hygienic Practices		_			0	0		0.0	Proper cooling time and temperature	0	0					
4	邕嵐	8		_	Proper eating, tasting, drinking, or tobacco use No discharge from eyes, nose, and mouth	0	8	5		XX			_	Proper hot holding temperatures Proper cold holding temperatures	0	0					
	IN	OUT	NA	NO	Proventing Contamination by Hands 21 💥 O O O Proper date marking and disposition			ŏ	ŏ	°											
	<u>×</u>	0			Hands clean and properly washed No bare hand contact with ready-to-eat foods or approved	0	0	5	22	83	0	0	ο	Time as a public health control: procedures and records	0	0					
7	邕	0	0	0	alternate procedures followed	0	0	· ·		IN	ou	T NA	NO	Consumer Advisory							
8	N IN	애	NA	NO	Handwashing sinks properly supplied and accessible Approved Source	0	0	2	23	×	0	0		Consumer advisory provided for raw and undercooked food	0	0	4				
	黨				Food obtained from approved source	0				IN	ου	JT NA NO Highly Susceptible Populations									
10	×	8	0	24	Food received at proper temperature Food in good condition, safe, and unadulterated	0	0	5	24	0	0	O 🐹 Pasteurized foods used; prohibited foods not offered		0	0	5					
	0	0	22	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ou	UT NA NO Chemicals									
		OUT		NO	Protection from Contamination					0	0	X		Food additives: approved and properly used	0		5				
13	홍	8	읭		Food separated and protected Food-contact surfaces: cleaned and sanitized	0	0	4	26	<u>実</u> IN	0	T NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	-				
		0	_		Proper disposition of unsafe food, returned food not re-	0	0	2	27	0	0		no	Compliance with variance, specialized process, and	0	0	5				
10	~	•			served	•	<u> </u>	1	21	<u> </u>	10	~		HACCP plan	U	<u> </u>	ů				
				Goo	d Retail Practices are preventive measures to co	ntrol	the	intr	oduc	tion	of	patho	gens	, chemicals, and physical objects into foods.							
						600	D R	ar Al	L PR	ACT	fice	8									
				00	f=not in compliance COS=corre Compliance Status	cted or COS	1-site	Suring	inspe	ction				R-repeat (violation of the same code provision)	Loos						
		OUT			Safe Food and Water	0.5	~		H	0	UT	Compliance Status Utensils and Equipment				~	WT				
2					d eggs used where required	0	0	1	4	5				nfood-contact surfaces cleanable, properly designed,	0	0	1				
			ice from approved source btained for specialized processing methods	8	0	2	$\vdash$	+	_			and used									
OUT			Food Temperature Control		46		_	-	Warewashing facilities, installed, maintained, used, test strips		0	0	1								
		Prop		ling methods used; adequate equipment for temperature	0	0	2	4	_	O NT			0	0	1						
	2	0	Plant	food	properly cooked for hot holding	0	0			8	0			f water available; adequate pressure	0	0	2				
				oved thawing methods used nometers provided and accurate			0	_	4	_				-	0	2					
34 O Then OUT		- KATHE	Food Identification	0	0	1	5	_	-			es: properly constructed, supplied, cleaned	0	0	2						
3	5	0	Food	l prop	erly labeled; original container; required records available	0	0	1	5	_				use properly disposed; facilities maintained	0	0	1				
		OUT			Prevention of Food Contamination				5	3	0	Physica	il faci	lities installed, maintained, and clean	0	0	1				
36 O Insects, rodents, and animals not present			0	0	2	5	•	0	Adequa	te ve	ntilation and lighting; designated areas used	0	0	1							
37 O Contamination prevented during food preparation, storage & display			0	0	1		0	лл			Administrative Items										

03/12/2024
Data

th the Commissioner within ten (10) days of the date of th

ated violation of an identical risk factor may result in revocation of your foo u are required to post the food service establishment permit in a conspicuou

Date

Signature of Person In Charge

is within ten (10) da

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nner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regard ort. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

**Proper Use of Utensils** 

O Utensils, equipment and linens; properly stored, dried, handled
 O Single-use/single-service articles; properly stored, used

d as co

O Personal cleanliness

O Gloves used properly

ent perr

O Wiping cloths; properly used and stored

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O Washing fruits and vegetables

O In-use utensils; properly stored

correct any violations of risk factor ite

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RAT Date Signature of Environmental Health Specialist

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55 O Current permit posted

56 O Most recent inspection posted

**Compliance Status** 

Compliance with TN Non-Smoker Protection Act

If tobacco products are sold, NSPA survey completed

Tobacco products offered for sale

Non-Smokers Protection Act

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YES NO WT

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

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03/12/2024

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
P192201 (1004. 0=10)	Please call (	) 4232098110	to sign-up for a class.	nDr 013

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



#### Establishment Information Establishment Name: Waffle House #1654 Establishment Number #: 605179471

Varewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
High heat dishwasher	Heat		161					

Equipment Temperature				
Description	Temperature (Fahrenheit)			
Reach in cooler	39			
Reach in cooler (meats)	38			
Walk in cooler	39			

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Diced ham (low boy)	Cold Holding	38				
Diced tomatoes (low boy)	Cold Holding	39				
Dairy (low boy)	Cold Holding	39				
Grits	Hot Holding	152				
Gravy	Hot Holding	154				
Chili	Hot Holding	157				
Raw chicken (reach in meats)	Cold Holding	39				
Raw sausage (reach in)	Cold Holding	39				

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



#### Establishment Information

Establishment Name: Waffle House #1654

Establishment Number : 605179471

#### Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): 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: (IN): good handwashing 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: (IN): Food from approved sources.

- 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: (NO): No raw animal products cooked at facility during time of inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (NO): no cooling of TCS observed.
- 19: (IN): See temperatures.
- 20: (IN): See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Establishmemt using TILT procedures correctly with raw shelled eggs.
- 23: (IN): Advisory located on menu.
- 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.

# Establishment Information

Establishment Name: Waffle House #1654 Establishment Number : 605179471

Comments/Other Observations (cont'd)

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

#### Establishment Information

Establishment Name: Waffle House #1654

Establishment Number #: 605179471

Sources								
Source Type:	Water	Source:	Public					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						

## Additional Comments