

Purpose of Inspection

Risk Category

KRoutine

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit **ROBATA RESTAURANT** Remanent O Mobile Establishment Name Type of Establishment 2116 MADISON AVE O Temporary O Seasonal Address Memphis Time in 04:00 PM AM / PM Time out 04:55; PM 08/30/2021 Establishment # 605241475 Embargoed 0 Inspection Date

Number of Seats 50

O Preliminary

O Consultation/Other

Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

itus (IH, OUT, HA, HO) for ea

| 10 | IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | ed | | 0 | |
|----|--|-----|----|----|---|-----|---|-----|
| | | | | | Compliance Status | cos | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 盔 | ٥ | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | ЭK | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 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 |
| 5 | 滋 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | ١ ٠ |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 0 | 0 | | 3% | Hands clean and properly washed | 0 | 0 | |
| 7 | 왮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | 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 | 1 |
| 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 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | Ŕ | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | 0 | X | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | × | 0 | | | oper disposition of unsafe food, returned food not re- rived | | 0 | 2 |

O Follow-up

O Complaint

О3

| ᆫ | Compliance Status | | | | | | R | WT |
|----|-------------------|-----|------|----|---|---|---|----|
| | 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 | X | Proper reheating procedures for hot holding | 0 | 0 | Ů |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | 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 | EK. | 0 | 0 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | | 0 | - XX | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | | | | Toxic substances properly identified, stored, used | 0 | 0 | Ů |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

级 Yes O No

s to control the introduction of pathogo

| | | OUT=not in compliance COS=com | GOO | | |
|----|-----|--|------|---|----|
| | | Compliance Status | COS | | _ |
| | OUT | | 1000 | | - |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | T. |
| 29 | ŏ | Water and ice from approved source | ŏ | ŏ | 1 |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Г |
| | 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 | Н |
| 33 | 0 | Approved thawing methods used | 0 | 0 | г |
| 34 | X | Thermometers provided and accurate | 0 | 0 | г |
| | OUT | Food Identification | | | |
| 35 | Ж | Food properly labeled; original container; required records available | 0 | 0 | |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 涎 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 328 | Contamination prevented during food preparation, storage & display | 0 | 0 | Г |
| 38 | 0 | Personal cleanliness | 0 | 0 | г |
| 39 | 180 | 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 | 13% | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | Г |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | 0 | Gloves used properly | 0 | О | |

Signature of Person In Charge

| rspection R-repeat (violation of the same code provision) | | | | | | | | | |
|---|-------------------------------------|--|-----|----|----|--|--|--|--|
| | | Compliance Status | COS | R | WT | | | | |
| | OUT Utensils and Equipment | | | | | | | | |
| 45 | 麗 | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 | | | | |
| 46 | 题 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 | | | | |
| 47 | 47 📓 Nonfood-contact surfaces clean | | 0 | 0 | 1 | | | | |
| | OUT | Physical Facilities | | | | | | | |
| 48 | 家 | 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 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | 1 | | | | |
| 54 | 羅 | 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 | WT | | | | |
| | | Non-Smokers Protection Act | | | | | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | | 0 | | | | | |
| 58 | | Tobacco products offered for sale | _ X | 0 | 0 | | | | |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | | | | | |

You have the right to request a l

08/30/2021

Date Signature of Environmental Health Specialist

08/30/2021

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) RDA 629) 9012229200 Please call (to sign-up for a class.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: ROBATA RESTAURANT

Establishment Number #: 605241475

| 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. | Yes |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | Yes |
| "No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | Yes |
| Garage type doors in non-enclosed areas are not completely open. | Yes |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | Yes |
| Smoke from non-enclosed areas is infiltrating 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 (Fahrenhelt) | | | | |
| Dishmachine | Ultra San | 200 | 220 | | | | |
| | | | | | | | |

| Equipment Temperature | | | | | | | |
|---------------------------------|----|--|--|--|--|--|--|
| Description Temperature (Fahren | | | | | | | |
| Prep cooler | 42 | | | | | | |
| Reach in freezer | 30 | | | | | | |
| Prep cooler #2 | 42 | | | | | | |
| Reach in freezer | 29 | | | | | | |

| Food Temperature | | |
|------------------|---------------|-------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Chicken stock | Cooking | 400 |
| Fish cakes | Cold Holding | 42 |
| Raw scallops | Cold Holding | 42 |
| Marinated eggs | Cold Holding | 40 |
| Kimchi | Cold Holding | 41 |
| Rice | Reheating | 151 |
| Raw salmon | Cold Holding | 29 |
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Observed Violations

Total # 13

Repeated # ()

- 14: Observed an accumulation of dust, dirt, food residue, and other debris on food contact surfaces. Observed an accumulation of food particles on shelving.
- 34: Thermometers were not provided in all refrigeration.
- 35: Working food containers not properly labeled. Observed several working containers not bearing a label with common name of product.
- 36: Cockroach Infestation. Observed live cockroaches of every stage of development crawling on the wall and floor in dishmachine area. Contact pest control company to come out to treat facility ASAP!

Observed live flies in food prep area.

- 37: Observed uncovered food items in prep cooler.
- 39: Improper storing of wiping clothes.
- 42: Improper storing of dried utensils.
- 45: Observed an accumulation of dust, dirt, food residue, and other debris on non food contact surfaces. Observed grease deposits on floors. Observed food particles on shelving. Observed grease deposits under equipment.
- 46: Warewashing facility is not maintained. Observed an accumulation of dust, dirt, food residue, and other debris on non food contact surfaces. Observed grease deposits on floors. Observed an acummulation of food particles and dirt on the interior and exterior of dishmachine. Observed thick grease deposits under dishmachine.
- 47: Non-food contact surfaces of equipment are unclean. Observed several nonfood contact surfaces throughout facility with build up of dust, dirt, food debris and other residues.
- 48: Inadequate water pressure at handwashing sink.
- 53: Facility not maintained clean. Physical facilities in need of thorough cleaning at the time of inspection. Physical facilities includes floors, walls, and ceilings. Observed severe build up of food debris throughout facility.
- 54: Inadequate lighting in food prep area and in prep coolers.

[&]quot;"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: ROBATA RESTAURANT | |
| Establishment Number: 605241475 | |

| Comments/Other Observations | | | |
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Additional Comments

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| Establishment Name: ROBATA RESTAURANT | | | | |
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| Establishment Number: 605241475 | | | | |
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| Comments/Other Observations (cont'd) | | | | |
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Establishment Information

| Establishment Information | | | | | | | |
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| Establishment Name: ROBATA RESTAURANT | | | | | | | |
| Establishment Number #. 605241475 | | | | | | | |
| il | | | | | | | |
| Sources | | | | | | | |
| Source Type: Food | Source: | OFf the Dock | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Source Type: | Source: | | | | | | |
| Additional Comments | | | | | | | |
| delindsey@sekisuiusa.com | | | | | | | |
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