

Establishment Name

Inspection Date

Risk Category

Address

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

SCORE

Number of Seats 90

Germantown City

WOLF RIVE BRISKET COMPANY

9947 WOLF RIVER BLVD #101

Time in 10:48 AM AM / PM Time out 11:00: AM AM / PM

O Yes 疑 No

02/01/2022 Establishment # 605257545 Embargoed 0

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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	糕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	$\mathbb{R}^{\mathbb{C}}$	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	0	0		X	Proper eating, tasting, drinking, or tobacco use	0	0	5
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	滋	0		0	Hands clean and properly washed		0	
7	氮	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	0	2
	IN	OUT	NA	NO	Approved Source			
9	嵩	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	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	×	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	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	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	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20		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	試	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	200	0	0		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

s to control the introduction of pathogens, chemicals, and physical objects into foods.

			GOO				
		OUT=not in compliance COS=corr	_	_	_		
		Compliance Status	cos	R	WT		
	OUT	Caro i con amo i i mon			_		
28	0	Pasteurized eggs used where required	0	0	1		
29	0	Water and ice from approved source	0	0	2		
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	2		
32	0	Plant food properly cooked for hot holding	0	0	1		
33	0	Approved thawing methods used	0	0	1		
34	0	Thermometers provided and accurate	0	0	1		
	OUT	Food identification					
35	0	Food properly labeled; original container; required records available	0	0	1		
	OUT	Prevention of Food Contamination					
36	0	Insects, rodents, and animals not present	0	0	2		
37	0	Contamination prevented during food preparation, storage & display	0	0	1		
38	0	Personal cleanliness	0	0	1		
39	0	Wiping cloths; properly used and stored	0	0	1		
40	0	Washing fruits and vegetables	0	0	1		
	OUT	OUT Proper Use of Utensils					
41	0	In-use utensils; properly stored	0	0	1		
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1		
43	100	Single-use/single-service articles; properly stored, used	0	0	1		
44	0	Gloves used properly	0	0	1		

pecti	on	R-repeat (violation of the same code provision)						
Compliance Status CC									
	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	,				
47	0	Nonfood-contact surfaces clean	0	0	٠				
	OUT	Physical Facilities							
48	0	O Hot and cold water available; adequate pressure O Plumbing installed; proper backflow devices		0	-				
49	0			0	2				
50	0	Sewage and waste water properly disposed	0	0	- :				
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_				
52	0	Garbage/refuse properly disposed; facilities maintained	0	0					
53	3%	Physical facilities installed, maintained, and clean	0	0	_				
54	0	Adequate ventilation and lighting; designated areas used	0	0	•				
	OUT	Administrative Items	Т						
55	0	Current permit posted	0	000					
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	- X	0					
58		Tobacco products offered for sale	0	0	١				
59		If tobacco products are sold, NSPA survey completed	0	0					

er. You have the right to request a hearing rega ten (10) days of the date of the (8-14-70), 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

02/01/2022

C.Del

02/01/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

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

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Information									
Establishment Name: WOLF RIVE BRISKET COMPANY									
Establishment Number #: 605257545									
HODA C T. L	:c.ucz :- m.i- !!								
NSPA Survey – To be completed		facilities at all times to a							
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.									
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.									
"No Smoking" signs or the international "No	n-Smoking" symbol are not cons	spicuously posted at ever	y entrance.						
Garage type doors in non-enclosed areas a	re not completely open.								
Tents or awnings with removable sides or ve	ents in non-enclosed areas are	not completely removed o	or open.						
Smoke from non-enclosed areas is inflitrating	g into areas where smoking is p	rohibited.							
Smoking observed where smoking is prohib	ited by the Act.								
Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)					
Fauinment Temperature									
Equipment Temperature									
Description			Temperature (Fah	renhelt)					
Description			Temperature (Fah	renhelt)					
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"See page at the end of this document for any violations that could not be displayed in this space.	

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Establishment Information



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omments/Other Observations		

Additional Comm	ents				
See last page	e for addition	onal comm	ents.		

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: WOLF RIVE BRISKET COMPANY			
Establishment Number: 605257545			
Comments/Other Observations (cont'd)			
Additional Comments (cont'd)			
See last page for additional comments.			

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Establishment Name: WOLF RIVE BRISKET COMPANY						
Establishment Number #. 605257545						
Sources						
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Source Type:	Source:					
Additional Comments						

Establishment Information