

TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

91

Establishment Name	Sekisui East		Type of Establishment	<input checked="" type="radio"/> Farmer's Market Food Unit	91
Address	6696 Poplar Ave.			<input checked="" type="radio"/> Permanent <input type="radio"/> Mobile	
City	Memphis	Time in	01:20 PM	<input type="radio"/> Temporary <input type="radio"/> Seasonal	
		AM / PM	Time out	02:20 PM	
Inspection Date	06/10/2022	Establishment #	605222344	Embargoed	000
Purpose of Inspection	<input checked="" type="radio"/> Routine <input type="radio"/> Follow-up <input type="radio"/> Complaint <input type="radio"/> Preliminary <input type="radio"/> Consultation/Other				
Risk Category	<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 Follow-up Required <input checked="" type="radio"/> Yes <input type="radio"/> No Number of Seats 75				

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public Health Interventions** are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IK, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance		OUT=not in compliance		NA=not applicable		NO=not observed		COS=corrected on-site during inspection			R=repeat (violation of the same code provision)										
Compliance Status								COS	R	WT	Compliance Status								COS	R	WT
	IN	OUT	NA	NO	Supervision							IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Person in charge present, demonstrates knowledge, and performs duties			<input type="checkbox"/>	<input type="checkbox"/>	5	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			<input type="checkbox"/>	<input type="checkbox"/>	5
	IN	OUT	NA	NO	Employee Health						17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			<input type="checkbox"/>	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Management and food employee awareness, reporting			<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper use of restriction and exclusion			<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature			<input type="checkbox"/>	<input type="checkbox"/>	5
	IN	OUT	NA	NO	Good Hygienic Practices						19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	No discharge from eyes, nose, and mouth			<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			<input type="checkbox"/>	<input type="checkbox"/>		
	IN	OUT	NA	NO	Preventing Contamination by Hands						22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records			<input type="checkbox"/>	<input type="checkbox"/>	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Hands clean and properly washed			<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Consumer Advisory					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed			<input type="checkbox"/>	<input type="checkbox"/>		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Consumer advisory provided for raw and undercooked food			<input type="checkbox"/>	<input type="checkbox"/>	4
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Handwashing sinks properly supplied and accessible			<input type="checkbox"/>	<input type="checkbox"/>	2		IN	OUT	NA	NO	Highly Susceptible Populations					
	IN	OUT	NA	NO	Approved Source						24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered			<input type="checkbox"/>	<input type="checkbox"/>	5
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>	5		IN	OUT	NA	NO	Chemicals					
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			<input type="checkbox"/>	<input type="checkbox"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used			<input type="checkbox"/>	<input type="checkbox"/>	5
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Food in good condition, safe, and unadulterated			<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used			<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shell stock tags, parasite destruction			<input type="checkbox"/>	<input type="checkbox"/>			IN	OUT	NA	NO	Conformance with Approved Procedures					
	IN	OUT	NA	NO	Protection from Contamination						27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan			<input type="checkbox"/>	<input type="checkbox"/>	5
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food separated and protected			<input type="checkbox"/>	<input type="checkbox"/>	4											
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned and sanitized			<input type="checkbox"/>	<input type="checkbox"/>	5											
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Proper disposition of unsafe food, returned food not re-served			<input type="checkbox"/>	<input type="checkbox"/>	2											

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

R-repeat (violation of the same code provision)

Compliance Status		COS	R	WT	Compliance Status		COS	R	WT		
	OUT	Safe Food and Water				OUT	Utensils and Equipment				
28	<input type="radio"/>	Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	1	45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips	<input type="radio"/>	<input type="radio"/>	1
30	<input type="radio"/>	Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	1	47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean	<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control				OUT	Physical Facilities				
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	2	48	<input checked="" type="radio"/>	Hot and cold water available; adequate pressure	<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed; proper backflow devices	<input type="radio"/>	<input type="radio"/>	2
33	<input type="radio"/>	Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>	2
34	<input type="radio"/>	Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned	<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification				52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained	<input type="radio"/>	<input type="radio"/>	1
35	<input type="radio"/>	Food properly labeled; original container; required records available	<input type="radio"/>	<input type="radio"/>	1	53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean	<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination				54	<input checked="" type="radio"/>	Adequate ventilation and lighting; designated areas used	<input type="radio"/>	<input type="radio"/>	1
36	<input type="radio"/>	Insects, rodents, and animals not present	<input type="radio"/>	<input type="radio"/>	2		OUT	Administrative Items			
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display	<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Current permit posted	<input type="radio"/>	<input type="radio"/>	0
38	<input type="radio"/>	Personal cleanliness	<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted	<input type="radio"/>	<input type="radio"/>	
39	<input type="radio"/>	Wiping cloths: properly used and stored	<input type="radio"/>	<input type="radio"/>	1	Compliance Status		YES	NO	WT	
40	<input type="radio"/>	Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	1			Non-Smokers Protection Act			
	OUT	Proper Use of Utensils				57		Compliance with TN Non-Smoker Protection Act	<input checked="" type="radio"/>	<input type="radio"/>	
41	<input type="radio"/>	In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	1	58		Tobacco products offered for sale	<input type="radio"/>	<input type="radio"/>	0
42	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled	<input type="radio"/>	<input type="radio"/>	1	59		If tobacco products are sold, NSPA survey completed	<input type="radio"/>	<input type="radio"/>	
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used	<input type="radio"/>	<input type="radio"/>	1						
44	<input type="radio"/>	Gloves used properly	<input type="radio"/>	<input type="radio"/>	1						

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. 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, 4-5-320.

	06/10/2022		06/10/2022
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> ****

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



Establishment Information

Establishment Name: Sekisui East
Establishment Number #: 605222344

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.

Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.

"No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance.

Garage type doors in non-enclosed areas are not completely open.

Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.

Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

Warewashing Info

Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
Single stationary rack	Chlorine	100	122

Equipment Temperature

Description	Temperature (Fahrenheit)
Walk in freezer	-4
Walk in cooler	39
Chest freezer	4
Freezer	-3

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Rice	Hot Holding	147
Steak	Cooking	153
Onions	Cold Holding	40
Broccoli	Cold Holding	40
Zucchini	Cold Holding	40
Salmon	Cold Holding	43
Imitation Crab	Cold Holding	40
Eel	Cold Holding	43
Tuna	Cold Holding	42
Mackerel	Cold Holding	42
Scallops	Cold Holding	42
Octopus	Cold Holding	44
Tuna	Cold Holding	43
Yellow tail	Cold Holding	42
Shrimp	Cold Holding	41

Observed Violations

Total # 7

Repeated # 0

8: Hand sinks are missing signage and the sink near the fryer is missing hand soap. Hand sink between bar and sushi prep is not supplied with hot water.

37: Food stored improperly on the floor in the freezer. Elevate 6in

45: Chest freezers in bad repair

47: Exterior handles of oven and storage near grill need cleaning to remove food residue

48: Hot water not supplied at hand sink

53: Mop sink needs cleaning to remove grease deposits

54: Employee personal items stored improperly adjacent to clean utensils by the hand sink near the fryer

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Sekisui East

Establishment Number : 605222344

Comments/Other Observations

- 1:
- 2:
- 3:
- 4:
- 5:
- 6:
- 7:
- 9:
- 10: (NO): No food received during inspection.
- 11:
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 13:
- 14:
- 15:
- 16:
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19:
- 20: Food items slightly above 41 only due to opening and closing of doors during lunch rush (not marked)
- 21:
- 22: (NA) No food held under time as a public health control.
- 23:
- 24:
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26:
- 27:
- 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.

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

Establishment Information

Establishment Name: Sekisui East

Establishment Number : 605222344

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

Establishment Number #:	605222344
-------------------------	-----------

Source Type:	Source:
--------------	---------

Additional Comments