

Address

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| - | $\sim$ | ۱D | _ |
|---|--------|----|---|
|   |        | ж  | _ |

O Farmer's Market Food Unit **IHOP** Permanent O Mobile Establishment Name Type of Establishment 3710 RIVERDALE O Temporary O Seasonal Memphis

Time in 02:10 PM AM / PM Time out 03:45; PM City 03/22/2024 Establishment # 605261758 Embargoed 000 Inspection Date

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 250 Risk Category О3 04 Follow-up Required 级 Yes O No

#### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IN, OUT, NA, NO) for

| 10 | 4=in c | compli | ence |    | OUT=not in compliance NA=not applicable NO=not observ                                     | ed  |   | C   | )\$=c: | rrecte | ed on-si | te d |
|----|--------|--------|------|----|-------------------------------------------------------------------------------------------|-----|---|-----|--------|--------|----------|------|
|    |        |        |      |    | Compliance Status                                                                         | cos | R | WT  |        |        |          |      |
|    | IN     | OUT    | NA   | NO | Supervision                                                                               |     |   |     |        | IN     | оит      | N    |
| 1  | 盔      | 0      |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5   | 16     | 0      | 0        | ,    |
|    | IN     | OUT    | NA   | NO | Employee Health                                                                           |     |   |     | 17     |        | O        | 1    |
| 2  | 300    | 0      |      |    | Management and food employee awareness; reporting                                         | 0   | 0 |     |        |        |          |      |
| 3  | ×      | 0      |      |    | Proper use of restriction and exclusion                                                   | 0   | 0 | 5   | Ш      | IN     | OUT      | N    |
|    | IN     | OUT    | NA   | NO | Good Hygienic Practices                                                                   |     |   |     | 18     | 0      | 0        | ┌    |
| 4  | X      | 0      |      | 0  | Proper eating, tasting, drinking, or tobacco use                                          | 0   | 0 | 5   | 15     | 0      | 0        | 8    |
| 5  | 黨      | 0      |      | 0  | No discharge from eyes, nose, and mouth                                                   | 0   | 0 | ^   | 20     | 0      | 义        | 7    |
|    | IN     | OUT    | NA   | NO | Preventing Contamination by Hands                                                         |     |   |     | 2      | 1 30   | 0        | ┌    |
| 6  | 滋      | 0      |      | 0  | Hands clean and properly washed                                                           | 0   | 0 |     | 2      | 0      | 0        | 9    |
| 7  | 氮      | 0      | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5   | -      | IN     | OUT      | I N  |
| 8  | ×      | 0      |      |    | Handwashing sinks properly supplied and accessible                                        | 0   | 0 | 2   | 23     | ×      | 0        | г,   |
|    | IN     | OUT    | NA   | NO | Approved Source                                                                           |     |   |     | Ľ      | 7 ~    | ľ        | L,   |
| 9  | 黨      | 0      |      |    | Food obtained from approved source                                                        | 0   | 0 |     |        | IN     | OUT      | N    |
| 10 | 0      | 0      | 0    | ×  | Food received at proper temperature                                                       | 0   | 0 | 1 1 | 24     | 880    | 0        |      |
| 11 | ×      | 0      |      |    | Food in good condition, safe, and unadulterated                                           | 0   | 0 | 5   | "      | 1 500  | ١٠       | Ι,   |
| 12 | 0      | 0      | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |     |        | IN     | оит      | N    |
|    | IN     | OUT    | NA   | NO | Protection from Contamination                                                             |     |   |     | 25     |        | 0        | B    |
| 13 | 黛      | 0      | 0    |    | Food separated and protected                                                              | 0   | 0 | 4   | 20     | 1      | 0        |      |
| 14 | 0      | 寒      | 0    |    | Food-contact surfaces: cleaned and sanitized                                              | 0   | 0 | 5   |        | IN     | OUT      | N    |
| 15 | Ħ      | 0      |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2   | 27     | 0      | 0        | 8    |

|    |    |     |    |     | Compliance Status                                                           | cos | R | WT |
|----|----|-----|----|-----|-----------------------------------------------------------------------------|-----|---|----|
|    | IN | OUT | NA | NO  | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 | 0  | 0   | 0  | 黨   | Proper cooking time and temperatures                                        | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 300 | Proper reheating procedures for hot holding                                 | 0   | 0 | ,  |
|    | IN | оит | NA | NO  | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | 0  | 0   | 0  | ×   | Proper cooling time and temperature                                         | 0   | 0 |    |
| 19 | 0  | 0   | 文  | 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<br>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 | 0  | 0   | X  |     | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 80 | 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<br>HACCP plan            | 0   | 0 | 5  |

#### troduction of pathogens, chemicals, and physical objects into foods.

|    |     |                                                                            | GOO |   |        |
|----|-----|----------------------------------------------------------------------------|-----|---|--------|
|    |     | OUT=not in compliance COS=corr                                             |     |   |        |
|    |     | Compliance Status                                                          | cos | R | W      |
|    | OUT |                                                                            |     |   |        |
| 28 | 0   | Pasteurized eggs used where required                                       | 0   | 0 | ,      |
| 29 |     | Water and ice from approved source                                         | 0   | 0 | $\Box$ |
| 30 | 0   | Variance obtained for specialized processing methods                       | 0   | 0 | l '    |
|    | OUT | Food Temperature Control                                                   |     |   |        |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | :      |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | Г      |
| 33 | 0   | Approved thawing methods used                                              | 0   | 0 | 1      |
| 34 | 0   | Thermometers provided and accurate                                         | 0   | 0 | г      |
|    | OUT | Food Identification                                                        |     |   |        |
| 35 | 0   | Food properly labeled; original container; required records available      | 0   | 0 | •      |
|    | OUT | Prevention of Feed Contamination                                           |     |   |        |
| 36 | 0   | Insects, rodents, and animals not present                                  | 0   | 0 | :      |
| 37 | 885 | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1      |
| 38 | 0   | Personal cleanliness                                                       | 0   | 0 | Г      |
| 39 | 0   | Wiping cloths; properly used and stored                                    | 0   | 0 |        |
| 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 | 0   | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | 1      |
| 43 | 0   | Single-use/single-service articles; properly stored, used                  | 0   | 0 | r      |
| 44 | 0   | Gloves used properly                                                       | 0   | 0 |        |

Bom Och

Signature of Person In Charge

| pecti |     | R-repeat (violation of the same code provision<br>Compliance Status                       | cos | R   | W   |
|-------|-----|-------------------------------------------------------------------------------------------|-----|-----|-----|
|       | OUT | Utensils and Equipment                                                                    |     |     |     |
| 45    | 涎   | Food and norifood-contact surfaces cleanable, properly designed,<br>constructed, and used | 0   | 0   | 1   |
| 46    | 0   | Warewashing facilities, installed, maintained, used, test strips                          | 0   | 0   | 1   |
| 47    | 0   | Nonfood-contact surfaces clean                                                            | 0   | 0   |     |
|       | OUT | Physical Facilities                                                                       |     |     |     |
| 48    | 0   | Hot and cold water available; adequate pressure                                           | 0   | 0   | _   |
| 49    | 0   | Plumbing installed; proper backflow devices                                               | 0   | 0   | -:  |
| 50    | 0   | Sewage and waste water properly disposed                                                  | 0   | 0   | - : |
| 51    | 200 | Toilet facilities: properly constructed, supplied, cleaned                                | 0   | 0   |     |
| 52    | 0   | Garbage/refuse properly disposed; facilities maintained                                   | 0   | 0   | ٠   |
| 53    | 0   | 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   | 0   | П   |
| 56    | 0   | Most recent inspection posted                                                             | 0   | 0   |     |
|       |     | Compliance Status                                                                         | YES | NO  | 8   |
|       |     | Non-Smokers Protection Act                                                                |     |     |     |
| 57    |     | Compliance with TN Non-Smoker Protection Act                                              | 9   | 100 |     |
| 58    |     | Tobacco products offered for sale                                                         | 18  | 0   | ١ ١ |
| 59    |     | If tobacco products are sold, NSPA survey completed                                       | 0   | 0   |     |

You have the right to request a l ten (10) days of the date of the

Date

03/22/2024

Signature of Environmental Health Specialist

03/22/2024

\*\*\*\* 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.

Date

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



### Establishment Information

Establishment Name: IHOP

Establishment Number #: |605261758

| 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.                                                      | No  |
| 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) |  |  |  |  |  |
| Dishwasher       | Chlorine         | 100 | 128                       |  |  |  |  |  |
| Sani bucket      | Sink and surface | 400 | 74                        |  |  |  |  |  |
|                  |                  |     |                           |  |  |  |  |  |

| Equipment Temperature             |    |  |  |  |  |  |
|-----------------------------------|----|--|--|--|--|--|
| Description Temperature ( Fahreni |    |  |  |  |  |  |
| Strawberry and condiments cooler  | 52 |  |  |  |  |  |
| Two stack freezer                 | 20 |  |  |  |  |  |
| Two stack cooler right            | 38 |  |  |  |  |  |
| Walk in cooler                    | 38 |  |  |  |  |  |

| Food Temperature                             |               |                         |
|----------------------------------------------|---------------|-------------------------|
| Description                                  | State of Food | Temperature (Fahrenheit |
| Leafy lettuce                                | Cold Holding  | 41                      |
| Sliced tomatoes                              | Cold Holding  | 40                      |
| Milk in the strawberry and condiments cooler | Cold Holding  | 48                      |
| Eggs liquid / unshelled                      | Cold Holding  | 49                      |
| Slice ham                                    | Cold Holding  | 46                      |
| Raw chicken                                  | Cold Holding  | 29                      |
| Steak                                        | Cold Holding  | 34                      |
|                                              |               |                         |
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| Observed Violations                                                               |
|-----------------------------------------------------------------------------------|
| Total # 11                                                                        |
| Repeated # ()                                                                     |
| 14: The ice machine has black residue present. Please wash rinse and sanitize     |
| and discard all ice.                                                              |
| 14: Several dishes are right side up. Please cover the dishes or face them right  |
| side down to prevent contamination.                                               |
| 14: The fountain drink and juice machine dispensers have black residue present.   |
| Please wash rinse, scrub and sanitize.                                            |
| 20: Several foods are above 41°F. Please ensure that all cold holding foods are   |
| at 41°F or below.                                                                 |
| 37: Strawberries in the front counter cooler are left uncovered. Please cover all |
| food items to reduce food contamination.                                          |
|                                                                                   |
| 37: Several foods in the stacked cooler and freezer Are left on covered. Please   |
| cover all foods to prevent contamination.                                         |
| 45: The cold holding box's cutting board has deep grooves and discoloration,      |
| and was not in use. Please replace the cutting board.                             |
| 45: The microwave at the front counter hand discoloration and stays present.      |
| Please clean or replace the microwave.                                            |
| 45: The strawberry and condiments cooler is above 41°F. Please ensure that all    |
| cold holding equipment is at 41°F or below.                                       |
| 51: A loose facet is in the Men's restroom. No covered receptacles are present in |
| the Women's restroom. Please repair the faucet and provide leads to the           |
| receptacles.                                                                      |
| 51: Please provide employees must wash hands in the restroom.                     |
| or. Thease provide employees must wash hards in the restroom.                     |
|                                                                                   |
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<sup>\*\*\*</sup>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: IHOP

Establishment Number: 605261758

## Comments/Other Observations

- 1: (IN): ANSI Certified Manager present. 6/13/26
- 2: The employee health illness policy is posted
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.

The PIC demonstrate knowledge of the employee health illness policy.

- 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: Employees are washing hands when necessary.
- 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: Performance foods
- 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.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: Business was slow during the time of the inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No foods were undergoing the cooling process during the time of the inspection.
- 19: (NA) Establishment does not hot hold TCS foods.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: The menu was reviewed.
- 24: Pasteurized foods are in safe conditions.
- 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: Please provide no smoking signs at the entrance of your establishment.

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### Additional Comments

See last page for additional comments.

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| Establishment Information              |  |
|----------------------------------------|--|
| Establishment Name: IHOP               |  |
| Establishment Number: 605261758        |  |
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| Comments/Other Observations (cont'd)   |  |
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| Additional Comments (cont'd)           |  |
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| Establishment Information                                                                                              |                                                                                |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|
| Establishment Name: IHOP                                                                                               |                                                                                |  |  |  |  |  |
| Establishment Number #: 605261758                                                                                      |                                                                                |  |  |  |  |  |
|                                                                                                                        |                                                                                |  |  |  |  |  |
| Sources                                                                                                                |                                                                                |  |  |  |  |  |
| Source Type:                                                                                                           | Source:                                                                        |  |  |  |  |  |
| Source Type:                                                                                                           | Source:                                                                        |  |  |  |  |  |
| Source Type:                                                                                                           | Source:                                                                        |  |  |  |  |  |
| Source Type:                                                                                                           | Source:                                                                        |  |  |  |  |  |
| Source Type:                                                                                                           | Source:                                                                        |  |  |  |  |  |
| Additional Comments                                                                                                    |                                                                                |  |  |  |  |  |
| Please correct all priority violations by April 1, 2024. F<br>Priority violations are any violation 1-27 on the inspec | Failure to do so puts your establishment at risk for closure.<br>ction report. |  |  |  |  |  |
|                                                                                                                        |                                                                                |  |  |  |  |  |
|                                                                                                                        |                                                                                |  |  |  |  |  |
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