TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Example of the second sec																\mathbf{O}							
Establishment Name			SOUTHERN HANDS							Type of Establishment O Fermer's Market Food Unit O Mobile						7	{						
Address			1811 KIRBY PARKWAY					Type of Establishment O Temporary O Seasonal															
City			Germantown Time in 11:24 AM AM / PM Time out 11:33 AM AM / PM																				
Insp	etic	n Da	te		11/10/2	2021 Est	ablishment #	60526140	_				_	d 0									
		of In			ORoutine	上 劉 Folio	-	O Complaint			- O Pre			-		Cor	sultation/Othe	r					
Risk	Cat	egor	v		01	5.02		03			04				Fo	low-	up Required	O Yes	鋖 No	Number of S	seats	42	
		R	isk																	trol and Preven ness or injury.		_	
					ontributing			ILLNESS RI											vevent in	ness of injury.			
	(Mark designated compliance status (IK, OUT, KA, NO) for each numbered Nem. For Nems marked OUT, mark COS or R for each Nem as applicable. Deduct points for category or subcategory.)																						
IN	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 V						WT																
\rightarrow	_	OUT	NA	NO	Dorroe in sha		rvision monstrates kno	uisdas and					IN	ουτ	NA	NO	-	nd Reheat atrol For S	-) Foods			
	邕	0	NA	NO	performs dution	es	enonstrates kno	wiedge, and	0	0	5		0 家	0	0		Proper cookin Proper reheat	g time and te	emperatures		0	0	5
2	X	0	nea		Management		oyee awareness	, reporting		•	5	-	IN	O OUT		NO				ng, and Time as	_	-	
	×	_	NA	NO	Proper use of	restriction and	exclusion nic Practices		0	0	Ľ	12	0	0	0		Proper cooling		lealth Con	trol	0		
4	0	0	nua	X		tasting, drinkin	ig. or tobacco u	50	0	0	5	19	家	0	0	õ	Proper hot ho	ding tempera	atures		0	0	
	IN	OUT	NA	NO	Prev		mination by h	lands		0	-	20 21	0	00	8	_	Proper cold he Proper date m					8	5
_	嵐	0	0	0		and properly wa I contact with re	shed ady-to-eat food	s or approved	0	0 0	5	22	0	0	×	0	Time as a pub	olic health co	ntrol: proced	lures and records	0	0	
8			•		alternate proc	edures followed				8	2		IN	OUT	NA		Consumer ad		er Advisor	y nd undercooked		0	
	IN		NA	NO			d Source		0		_	23	O IN	O OUT			food	hly Suscep			0	0	4
10	0	0	0	8	Food received	d at proper temp		Ac.d	00		5	24		0	0		Pasteurized fo				0	0	5
11 12	õ	0	x	0	Required reco		shell stock tags,		0	0	Ĩ	Н	IN	OUT	NA	NO		Ch	emicals				
	IN	OUT	NA	NO			n Contaminat	lon				25	X	0	0		Food additive				8	0	5
13 14		0	0			ed and protecte surfaces: clean	ed and sanitized	d		0	4 5	26	N IN	O OUT	NA	NO	Toxic substan Conform			tored, used Procedures	0	0	
15	_	0			Proper dispos served	sition of unsafe	food, returned fo	od not re-	0	0	2	27	0	0	×		Compliance w HACCP plan	ith variance,	specialized	process, and	0	0	5
_	_	_	_	Good		etices are a	reventive m	names to co	atro	the	Inter	duc	tion	of a	atho			and phys	ical oblac	ts into foods.			
						ictices are p	in the second se				TAU						, enemican	, and phys	near objec	to into roots.			
				00	T=not in complia	ance Compliance S	tatus	COS=corre	cted or		during							R-repeat (viol		ame code provision)	COS	R	WT
- 24	_	OUT	_		\$	ate Food and							_	υτ			Uten	sils and Eq	ulpment	ed - decise - d			
21)	0	Wat	er and	lice from appre		en le el secolt e sta		0	0	2	4	5 (nfood-contact and used	sunaces ciel	anabie, prop	eny designed,	0	٥	1
30	_	OUT	Varia	ance		ecialized proce d Temperatur			0	0	1	4	5 (-			g facilities, inst		ained, used,	test strips	0	0	1
31	·	o	Prop		oling methods	used; adequate	equipment for	temperature	ο	0	2	43	_	O N UT	lonfoo	d-con	tact surfaces (iean ysical Fac	littles		0	0	1
3:	_					ed for hot holdin	ng		0	8	1	41	_	_			water availabi	le; adequate	pressure		8	8	2
34	_				thawing metho etens provided				0	ŏ	1	49	0	o s	iewage	e and	stalled; proper waste water p	roperly dispo	osed		0	0	2
35	_	OUT	_			Food Identific	r, required recor	de austable	0	0	1	5	_	_			is: properly con use properly dr				0 0	0 0	1
		∞ out	FUU	1 prop		-	ontamination	us available	<u> </u>		-	53		-	-		ities installed,	, .		neu.	0	0	1
36	;	0	Inse	cts, ro	dents, and ani	imals not prese	nt		0	0	2	54	1 (DA	dequa	ite ve	ntilation and lig	ghting; desig	nated areas	used	0	0	1
37	, I	0	Cont	tamin	ation prevented	d during food pr	eparation, stora	ge & display	0	0	1		0	UT			Adr	ninistrative	Itoms				
38	_				leanliness				0	0	1	54					nit posted				0		0
39	_				ruits and veget	ised and stored tables				0	1	8	\$ (0 10	lost re	cent	inspection pos Con	ied ipliance S	tatus		O YES		WT
41	_	OUT O		se ute	Pr nsils; properly :	stored	Hensils		0	0	1	5	,	-	omplia	ance	No with TN Non-S	n-Smokers imoker Prote		n Act	X	0	
43	2	0	Uter	sils, e	quipment and	linens; properly	y stored, dried, h rily stored, used		0	0	1	53	8	T	obacc	o pro	ducts offered f	or sale		ed.	0	0	0
4	_				ed properly	e articles, prope	ny sores, esca			ŏ	1			_	10000	00 pr		2, 1401 74 9414	rey compres				
																				or may result in revoc e establishment permi			
mann	er a	nd po	st the	most	recent inspectio	in report in a con	spicuous manner.		ht to n	eques										er within ten (10) days			
	,			\mathcal{O}_{i}	hom	\$		11/1	0/2	021				<i>r</i>	,		PII			1	11/1	0/2	021
Sign		Tre of			Charge	- 0.				-	Date	Sig	natu	re of	Envir	onme	ental Health S	pecialist					Date
	_					++++ Addition	al food safety i	nformation can	be fo	und o	on ou	r web	site,	http	c//tn.g	jow/h	ealth/article/	eh-foodser	vice ****				
_	-			-		Erro	land calabits	alalaa alaccaa		aund	lable	0.001	la une e	un tile	at the		at health d	a n a staa a st				-	

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
1102001 (1001. 0-10)	Please call () 9012229200	to sign-up for a class.	101020

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

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Establishment Infor	mation
Establishment Name: S	OUTHERN HANDS
Establishment Number #:	605261400

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							

Equipment Temperature	
Decoription	Temperature (Fahrenheit)

Description	State of Food	Temperature (Fahrenheit

Observed Violations	
Total # 2 Repeated # 0	
Repeated # 0	
35:	
53:	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: SOUTHERN HANDS Establishment Number : 605261400

Comments/Other Observations		
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**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: SOUTHERN HANDS Establishment Number: 605261400

Comments/Other Observations (cont'd)

26: 27: 57:

58:

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

Establishment Information

Establishment Name: SOUTHERN HANDS Establishment Number #. 605261400

Sources		
Source Type:	Source:	

Additional Comments