

Establishment Name

Address

Risk Category

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served

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City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

SCORE

COS R WT

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5

Permanent O Mobile Type of Establishment

Follow-up Required

O Temporary O Seasonal

O Yes 疑 No

oking and Reheating of Time/Temp Control For Safety (TCS) Foods

Chemicals

Conformance with Approved Procedures

Food additives: approved and properly used

Toxic substances properly identified, stored, used

Compliance with variance, specialized process, and

Time in 12:45 PM AM / PM Time out 01:30; PM

Compliance Status

oper cooking time and temperatures

10/26/2022 Establishment # 605308687 Embargoed 0 Inspection Date

WOLF RIVER BRISKET CROSSTOWN LLC

1350 CONCOURSE AVE

O Hands clean and properly washed

alternate procedures followed

Food obtained from approved source

Memphis

KRoutine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection **O**3

Number of Seats 115 04 rted to the Centers for Dis ase Control and Preventio

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS ated compliance status (IN, OUT, HA, HO) for a

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	N≃in o	compli	ance		OUT=not in compliance NA=not applicable NO=not observe)\$ <u>=</u> α	xrecte	id on-si	ite duri	ing ins	spect
					Compliance Status	cos	R	WT						
	IN	оит	NA	NO	Supervision				П	IN	OUT	NA	NO	٥
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	10	0	0	0	×	Pro
	IN	OUT	NA	NO	Employee Health		_		17	0	0	0	X	Pro
2	ПX	0			Management and food employee awareness; reporting	0	0							Co
3	寒	0			Proper use of restriction and exclusion	0	0	5	Ш	IN	OUT	NA	NO	
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0	涎	Pro
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	15	100	0	0	0	Pro
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0	20	120	0	0		Pro
	IN	OUT	NA	NO	Preventing Contamination by Hands				2	I X	0	0	0	Pro

ı	17	0	0	0	245	Proper reheating procedures for hot holding
		IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time a Public Health Control
1	18	0	0	0	涎	Proper cooling time and temperature
1	19	2	0	0	0	Proper hot holding temperatures
l	20	245	0	0		Proper cold holding temperatures
1	21	*	0	0	0	Proper date marking and disposition
l	22	0	0	×	0	Time as a public health control: procedures and reco
J		IN	OUT	NA	NO	Consumer Advisory
1	23	0	0	×		Consumer advisory provided for raw and undercooke food
1		IN	OUT	NA	NO	Highly Susceptible Populations
I	24	0	0	333		Pasteurized foods used; prohibited foods not offered

HACCP plan

10 O O O 0 0 Food received at proper temperature Food in good condition, safe, and unadulterated Required records available: shell stock tags, parasite 0 0 0 🕱 0 0 destruction IN OUT NA NO **Protection from Contamination** 13 夏 〇 〇 0 0 4 Food separated and protected 14 寒 O O Food-contact surfaces: cleaned and sanitized 0 0 5 Proper disposition of unsafe food, returned food not re 0 0 2

No bare hand contact with ready-to-eat foods or approved

Approved Source

Handwashing sinks properly supplied and accessible

0 od Retail Practices are preventive m , chemicals, and physical objects into food

25 O O 宴 26 宴 O

27 0

IN OUT NA NO

IN OUT NA NO

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			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT				
28	0	Pasteurized eggs used where required	0	0	Ι,
29		Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	Ľ
	OUT	Food Temperature Control		_	
31	ᄣ	Proper cooling methods used; adequate equipment for temperature control	0	0	1
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
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 Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	180	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	ļ ,
	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	

ecti	on	R-repeat (violation of the same code provision Compliance Status	l cosi	В	W
	OUT		1000	К	**
	001	Utensiis and Equipment	\rightarrow	_	
45	0	Food and norfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	羅	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	凝	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	ा	ा	_
49	黨	Plumbing installed; proper backflow devices	0	0	-:
50	麗	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	٠
53	2%	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	\top		
55	0	Current permit posted	0	0	П
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	- 3%	0	
58		Tobacco products offered for sale	0	0	
59		If tobacco products are sold, NSPA survey completed	- 0	0	

icuous manner. You have the right to request a hearing regarding this report by filing a written request w n ten (10) days of the date of th 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

nature of Person In Charge

Date

10/26/2022 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.

10/26/2022

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: WOLF RIVER BRISKET CROSSTOWN LLC

Establishment Number #: | 605308687

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.	Т
'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.	\top
Smoking observed where smoking is prohibited by the Act.	+

initizer Type	PPM	Townson to Enhance with
		Temperature (Fahrenheit)
rnary 400)	
	ernary 400	rnary 400

Equipment Temperature						
Description Temperatur						
Walk-in cooler	39					
Continental cooler	34					
Walk-in beverage cooler	41					

Food Temperature	Food Temperature								
Description	State of Food	Temperature (Fahrenheit)							
Briskets	Cold Holding	39							
Mashed potatoes	Cold Holding	38							
Brisket	Hot Holding	167							
Salmon	Hot Holding	154							
Cheese	Cold Holding	40							

Observed Markets							
Observed Violations							
Total # 7							
Repeated # ()							
31: Condensation leak inside Continental cooler							
39: Dirty wiping cloths stored on prep tables							
46: Quaternary ammonia line blocked on Ecolab dishwashing machine							
47: Dirty food containers							
49: Inoperable prep line handsink							
50: Waste water from washing machine leaking onto floor							
53: Dirty floor, dirty equipment exterior							

[&]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



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 RIVER BRISKET CROSSTOWN LLC					
Establishment Number: 605308687					
Comments/Other Observations (cont'd)					
Additional Comments (cont'd)					
See last page for additional comments.					

Establishment Information

Establishment Name: W Establishment Number #:	OLF RIVER BRISKET 605308687	CROSSTOWN LLC		
Sources				
Source Type:	Food	Source:	Sysco	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Additional Comme	nts			
Dantaylor@wolfrive	rbrisket.com			

Establishment Information