

Address

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

MCDONALDS # 35854 - FD-SRV. Establishment Name 614 S HIGHLAND

Type of Establishment

Remanent O Mobile O Temporary O Seasonal

Memphis City

Time in 09:00 AM AM / PM Time out 09:45; AM

04/18/2024 Establishment # 605247854 Inspection Date

Embargoed 000

O Yes 疑 No

KRoutine Purpose of Inspection

O Follow-up O Complaint

O Preliminary O Consultation/Other

Number of Seats 106

SCORE

Risk Category О3 Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 10 | IN-in compliance OUT-not in compliance NA-not applicable NO-not observed | | | | | | | C |
|----|--|-----|----|----|---|---|---|----|
| | Compliance Status | | | | | | R | WT |
| | IN | OUT | NA | NO | Supervision | | | |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | | NA | NO | Employee Health | | | |
| 2 | $\exists x$ | 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 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | - |
| 5 | 滋 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 100 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 鉱 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 200 | 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 | Ä | 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 | 凝 | | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | 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 | 涎 | Proper cooling time and temperature | 0 | 0 | |
| 19 | × | 0 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 凝 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | X | 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 | 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 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | ۰ |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

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|----|-------------------------|--|-----|-----|-----|
| | | OUT=not in compliance COS=corr | | | |
| | | Compliance Status | cos | R | WT |
| | OUT Safe Food and Water | | | | |
| 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 Feed Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 |
| 37 | 338 | 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 | 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 | | Gloves used properly | 0 | 0 | 1 |

| pect | ion | R-repeat (violation of the same code provision) | | | |
|------|-----|--|-----|----|----------------|
| | | Compliance Status | cos | R | WT |
| | OUT | Utensiis 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 | 1 |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting, designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | Г ₀ |
| 56 | 0 | Most recent inspection posted | 0 | 0 | ľ |
| | | 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 | X | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

er. You have the right to request a (10) days of the date of the

Date

Hunt ringthis

04/18/2024

04/18/2024 Date

Signature of Person In Charge

Signature of Environmental Health Specialist

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: MCDONALDS # 35854 - FD-SRV.

Establishment Number #: | 605247854

| 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. | No |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | No |
| "No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | Yes |
| Garage type doors in non-enclosed areas are not completely open. | No |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | No |
| Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | No |
| Smoking observed where smoking is prohibited by the Act. | No |

| Warewashing Info | | | | | | | |
|--------------------|----------------|-----|---------------------------|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | |
| 3 compartment sink | Solid Sense | 100 | 65 | | | | |
| | | | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|---------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Norlake refrigeration | 37 | | | | |
| Norlake Freezer | -10 | | | | |
| Beverage Air | -10 | | | | |
| Beverage Air | 40 | | | | |

| Food Temperature | Food Temperature | | | | |
|-------------------|------------------|--------------------------|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | |
| Hamburger patties | Cold Holding | 32 | | | |
| Canadian bacon | Cold Holding | 32 | | | |
| Chicken patties | Hot Holding | 175 | | | |
| Eggs | Hot Holding | 166 | | | |
| Sausage | Hot Holding | 170 | | | |
| Steak | Hot Holding | 168 | | | |
| Burritos | Hot Holding | 160 | | | |
| Chicken patties | Cooking | 190 | | | |
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| Observed Violations | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Total # 2 | | | | | | | | |
| Repeated # () | | | | | | | | |
| 37: Boxes of items on the floor in the storage room. | | | | | | | | |
| 43: Drinking straws and papertwels on the floor in the storage room. | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: MCDONALDS # 35854 - FD-SRV.

Establishment Number: 605247854

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: Employee illness policy posted.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 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: Observed hands cleaned and properly washed.
- 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: Food obtained from an approved source.
- 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.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: Proper cooking times and temperatures.
- 17: (NO) No TCS foods reheated during inspection.
- 18: No cooling dome at the time of inspection.
- 19: Proper hot holding temperatures.
- 20: Proper cold holding temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Time as a public health control provided.
- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: Food additives approved and properly used.
- 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.

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Additional Comments

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| Establishment Information | |
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| Establishment Name: MCDONALDS # 35854 - FD-SRV. | |
| Establishment Number: 605247854 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
| See last page for additional comments. | |
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| Establishment Information | | | | | | | | |
|---|-----------|---------|-------------|--|--|--|--|--|
| Establishment Name: MCDONALDS # 35854 - FD-SRV. | | | | | | | | |
| Establishment Number # | 605247854 | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: | Food | Source: | Mark Brower | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Source Type: | | Source: | | | | | | |
| Additional Comme | nts | | | | | | | |
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