



# TENNESSEE DEPARTMENT OF HEALTH

## FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 83

Establishment Name LINDENWOOD CHRISTIAN Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
 Address 2400 Union Ave. ☐ Temporary ☐ Seasonal  
 City Memphis Time in 10:10 AM AM / PM Time out 11:20 AM AM / PM  
 Inspection Date 02/09/2023 Establishment # 605308818 Embargoed 000  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 99

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 (IN, 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                                      |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Supervision  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 1                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Employee Health  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 2                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 3                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Proper use of restriction and exclusion  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Good Hygienic Practices  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 4                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  | <input type="radio"/>            | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 5                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  | <input type="radio"/>            | No discharge from eyes, nose, and mouth  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Preventing Contamination by Hands  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6                 | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | <input type="radio"/>            | Hands clean and properly washed  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 8                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Approved Source  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 9                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Food obtained from approved source   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 10                | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | Food received at proper temperature  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 11                | <input type="radio"/>            | <input checked="" type="radio"/> |                                  |                                  | Food in good condition, safe, and unadulterated  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 12                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | Required records available: shell stock tags, parasite destruction                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Protection from Contamination  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 13                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |                                  | Food separated and protected   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 14                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |                                  | Food-contact surfaces: cleaned and sanitized   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 15                | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |

| Compliance Status |                                  |                                  |                                  |                                  |  |  |  |  |  | COS                   |                       |   |  |  | R |  |  |  |  | WT |  |  |  |  |
|-------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|--|--|--|-----------------------|-----------------------|---|--|--|---|--|--|--|--|----|--|--|--|--|
|                   | IN                               | OUT                              | NA                               | NO                               | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 16                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | Proper cooking time and temperatures                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 17                | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | Proper reheating procedures for hot holding                              |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 18                | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | Proper cooling time and temperature                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 19                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/>            | Proper hot holding temperatures  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 20                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |                                  | Proper cold holding temperatures   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 21                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper date marking and disposition                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 22                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | Time as a public health control: procedures and records                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Consumer Advisory  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 23                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | Consumer advisory provided for raw and undercooked food                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Highly Susceptible Populations   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 24                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Chemicals  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 25                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | Food additives: approved and properly used                               |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 26                | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                                  | Toxic substances properly identified, stored, used                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                               | Conformance with Approved Procedures                                     |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 27                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |



## Establishment Number #: 605308818

|  |     |
|--|-----|
| Smoking observed where smoking is prohibited by the Act. | Yes |
|--|-----|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

|                      |    |
|----------------------|----|
| Walk-in refrigerator | 40 |
|----------------------|----|

|                   |             |     |
|-------------------|-------------|-----|
| Chicken nuggets 3 | Hot Holding | 135 |
|-------------------|-------------|-----|



### Observed Violations

Total # 6

Repeated # 0

6: Proper hand washing has not been observed. Please properly wash hands between tasks and when changing gloves.

11: There were several products found with mold. Please discard outdated and visibly soiled products.

21: Foods are improperly dated. Foods can only be held for 7 days while having an "in date" and a discard date.

37: The box of biscuits in the freezer are open. Please close boxes after your task has been completed.

45: The top oven is not clean. Please ensure cleanliness of all ovens.

55: Please obtain permit for this location. Please call 901-222-9175 or visit 1826 Sycamore View.



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: LINDENWOOD CHRISTIAN

Establishment Number : 605308818

***Comments/Other Observations***

1:  
2:  
3:  
4:  
5:  
7:  
8:  
9: US Foods, Sysco, Sam's Club, & Kroger

10:  
12:  
13:  
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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: LINDENWOOD CHRISTIAN

Establishment Number : 605308818

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***



|                                  |                      |
|----------------------------------|----------------------|
| <b>Establishment Information</b> |                      |
| Establishment Name:              | LINDENWOOD CHRISTIAN |
| Establishment Number #:          | 605308818            |

**Sources**

|              |      |         |          |
|--------------|------|---------|----------|
| Source Type: | Food | Source: | Gordon's |
| Source Type: |      | Source: |          |
| Source Type: |      | Source: |          |
| Source Type: |      | Source: |          |
| Source Type: |      | Source: |          |

**Additional Comments**