TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| Carlor Property of | 1.00 | THE P | ALC: NO | | | | | | | | | | | | | | | | | |
|--------------------|---|----------|----------|---------------------|---|---|----------------------|---------|---------|----------|----------|--------|------------------------|-----------|-----------|--|---------------------|--------|--------|--------|
| Establishment Name | | | | | WOLF RIVE BRISKET COMPANY | | | | | | | - | | | | O Fermer's Market Food Unit | 9 | | | |
| | | | | | OQ47 WOLE DIVED DIVED #101 | | | | | | | | O Temporary O Seasonal | | | | | | | |
| City | | | | | Germantowr | ו | Time in | 02 | 2:1 | 5 P | M | A | M / PI | A Th | me o | ut 03:10:PM AM/PM | | | | |
| | | n Da | rte | | 12/12/202 | 23 Establishment # | | | | | | _ | d 0 | | | | | | | |
| | | | spect | | Routine | O Follow-up | O Complaint | | , | O Pre | | | _ | - |) Cor | nsuitation/Other | | | | |
| Risi | Cat | egor | y | | 01 | 3822 | 03 | | | 04 | | | | Fo | ollow- | up Required 邕 Yes O No | Number of S | eats | 90 | |
| | | R | | | | | | | | | | | | | | to the Centers for Disease Cont control measures to prevent illne | rol and Prevent | | | |
| | | | | | | FOODBORN | E ILLNESS RI | SK F | ACTO | ORS | AND | PU | BLIC | HEA | ЦТН | INTERVENTIONS | | | | |
| | (Hark 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) | | | | | | | | | | | | | | | | | | | |
| Ē | | unpa | ance | _ | | pliance Status | NO-IN OBEIN | | R | | Ĩ | 10000 | u orr-s | ile qui | - 10 - 10 | Compliance Status | | | R | WT |
| | _ | - | NA | NO | Dostan in chaspa a | Supervision | outstas and | | | | | IN | ουτ | NA | NO | Cooking and Reheating of Time/ Control For Safety (TCS) | | | | |
| 1 | 黨 | 0 | | | performs duties | resent, demonstrates kr | iowieoge, and | 0 | 0 | 5 | | 0 | 0 | | | Proper cooking time and temperatures | | 8 | 0 | 5 |
| 2 | X | | NA | NO | Management and f | Employee Health ood employee awarene | ss; reporting | 0 | o | | 17 | 0 | 0 | | | Proper reheating procedures for hot hold Ceeling and Holding, Date Marking | | 0 | 0 | |
| | 黨 | 0 | | | Proper use of restri | iction and exclusion | | 0 | 0 | 5 | | IN | OUT | NA | NO | a Public Health Contr | | | | |
| | _ | | NA | | | d Hygionic Practico | | | | | | 0 家 | 0 | 0 | | Proper cooling time and temperature | | 0 | | |
| 5 | XX | 0 | | 0 | | ng, drinking, or tobacco eyes, nose, and mouth | 496 | ŏ | 8 | 5 | | ô | X | 00 | | Proper hot holding temperatures Proper cold holding temperatures | | 0 | 0 | 6 |
| 6 | IN 賞 | OUT O | NA | | Preventi Hands clean and p | ng Contamination by | Hands | 0 | | | | * | 0 | 0 | - | Proper date marking and disposition | | 0 | | 2 |
| 7 | <u></u> | 0 | 0 | 0 | | act with ready-to-eat foo | ds or approved | 6 | 6 | 5 | 22 | 0 | 0 | 0 | | Time as a public health control: procedu | es and records | 0 | 0 | |
| Ľ. | ŝ | | - | - | alternate procedure Handwashing sink | is followed properly supplied and a | accessible | | 0 | 2 | | IN | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and | undercooked | _ | | |
| | IN | OUT | NA | NO | | Approved Source | | | | | 23 | | 0 | × | 110 | food | | ٥ | 0 | 4 |
| | 高の | | 0 | 20 | Food obtained from Food received at p | | | 8 | 8 | | | IN | OUT | NA | NO | Highly Susceptible Popula | | _ | | |
| 11 | × | 0 | | | Food in good cond | tion, safe, and unadulte vailable: shell stock tag | | 0 | 0 | 5 | 24 | | 0 | - | | Pasteurized foods used; prohibited foods | not offered | ٥ | 0 | • |
| 12 | 0 | 0 | × | 0 | destruction | | | 0 | 0 | | | IN | OUT | | | Chemicals | | | | |
| 13 | | | NA | NO | Food separated an | tion from Contamina d protected | ition | 0 | ा | 4 | 25 | 0 底 | 00 | X | J | Food additives: approved and properly u Toxic substances properly identified, sto | | 8 | 읭 | 5 |
| | | Ō | | | Food-contact surfa | ces: cleaned and sanitiz | | | Ō | 5 | | IN | OUT | NA | NO | Conformance with Approved P | | - | - | |
| 15 | 2 | 0 | | | Proper disposition served | of unsafe food, returned | food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized p HACCP plan | ocess, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Practic | es are preventive p | nemeures to co | atro | the | inter | due | tion | of a | atho | | , chemicals, and physical object | isto foode | | | |
| | | | | _ | | | | GOO | | | | | | _ | | , energiene fangenen enfeer | | | | |
| | | | | 00 | T=not in compliance | | COS=corre | cted o | n-site | őuring | | | IGR | , | | R-repeat (violation of the sam | | | | |
| | _ | OUT | _ | | | liance Status food and Water | | COS | R | WT | | | UTI | | | Compliance Status Utensils and Equipment | | COS | R | WT |
| | 8 | 0 | | | d eggs used where | required | | | 0 | | 4 | | _ | ood ar | nd no | infood-contact surfaces cleanable, proper | ly designed, | 0 | 0 | 1 |
| | 9 0 | | | | lice from approved obtained for speciali | source zed processing methods | 1 | 8 | 8 | 2 | \vdash | + | 0 | | | and used | | - | - | - |
| | | OUT | | | | mperature Control | | - | | _ | 4 | | _ | | | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 3 | 1 | 0 | Prop | | oling methods used; | adequate equipment fo | r temperature | 0 | 0 | 2 | 4 | _ | O N UT | onfoo | d-cor | Physical Facilities | | 0 | 0 | 1 |
| | 2 | | Plan | t food | properly cooked for | | | | 0 | | 4 | 8 (| 0 H | | | f water available; adequate pressure | | 0 | | 2 |
| _ | 3 4 | | <u> </u> | | thawing methods us eters provided and a | | | 0 | 0 | 1 | 49 | _ | _ | | | stalled; proper backflow devices I waste water properly disposed | | | 8 | 2 |
| - | • | OUT | The | - Northe | | Identification | | - | | <u> </u> | 5 | _ | - | | | is: properly constructed, supplied, cleane | d | | - | |
| 3 | 5 | × | Food | i prop | erly labeled; origina | I container; required rec | ords available | 0 | 0 | 1 | 5 | 2 (| 0 G | arbag | e/refi | use properly disposed; facilities maintaine | d | 0 | 0 | 1 |
| | | OUT | | | Prevention o | f Food Contaminatio | n | | | | 5 | 3 2 | R P | hysica | al faci | lities installed, maintained, and clean | | _ | • | 1 |
| 3 | 6 | 0 | Insec | cts, ro | dents, and animals | not present | | 0 | 0 | 2 | 5 | 4 | <u>^</u> | dequa | ste ve | entilation and lighting; designated areas us | ed | 0 | ٥ | 1 |
| | 7 | | | | | ng food preparation, sto | rage & display | 0 | 0 | 1 | | _ | UT | | | Administrative items | | | | |
| _ | 8 9 | - | - | | leanliness ths: properly used a | and stored | | 0 | 0 | 1 | 5 | _ | | | - | nit posted inspection posted | | 0 | 읭 | 0 |
| | 0 | 0 | | | ruits and vegetables | | | | ŏ | | Ĕ | ~ I ' | ~ 1a | | | Compliance Status | | YES | NO | WT |
| F, | 1 | OUT | Inver | a i de | Proper nsils; properly store | Use of Utensils | | 0 | 0 | 1 | 5 | , | - | omeE | 2000 | Non-Smokers Protection / with TN Non-Smoker Protection Act | let | X | 01 | |
| 4 | 2 | 20 | Uten | sils, e | quipment and liners | s; properly stored, dried | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale | | 0 | 0 | 0 |
| | 3 4 | | | | single-service artic ed properly | les; properly stored, use | id | | 8 | | 5 | 9] | lf | tobac | co pr | oducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | | | | ma within tan (50) dawn - | av result in susper- | | | _ | Lando | | مطبقاط | nent n | errei* | Repeated violation of an identical risk factor | may result in reven | wine - | at une | r food |
| serv | ice e | stablis | shmer | t perm | nit. Items identified as | constituting imminent her | alth hazards shall b | e corre | cted is | nmedi | ately (| or op | ration | s shall | l ceas | e. You are required to post the food service e filing a written request with the Commissioner | stablishment permit | in a c | onspi | icuous |
| | | C.A. | sectio | n s 63 - | 14-703, 68-14-705, 68-1 | 4-708, 68-14-709, 68-14-711 | | | | | | - | 4 | | | | | | | |
| 1 | | • | | 2 | ¥ | - | 12/1 | 12/2 | 023 | } | | 1 | | \square | 1 | VA. | 1 | .2/1 | 2/2 | 2023 |

| Signature o | f Person | In Charge |
|-------------|----------|-----------|
|-------------|----------|-----------|

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SCORE

Date

**** Additional food safety information can be found on our website, http://tn.gow/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. Please call () 9012229200 to sign-up for a class. PH-2267 (Rev. 6-15) RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: WOLF RIVE BRISKET COMPANY Establishment Number #: 605257545

| ISPA Survey – To be completed if #57 is "No" | |
|--|--|
| ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older. | |
| ge-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | |
| No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | |
| arage type doors in non-enclosed areas are not completely open. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| Equipment Temperature | |
|-----------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
| Walk in cooler | 39 |
| | |

| Food Temperature | | | | | |
|------------------|---------------|--------------------------|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | |
| Broccoli salad | Cold Holding | 46 | | | |
| Pimento cheese | Cold Holding | 45 | | | |
| Lettuce | Cold Holding | 46 | | | |
| Green beans | Hot Holding | 170 | | | |
| Brussels sprouts | Hot Holding | 165 | | | |
| Grits | Hot Holding | 165 | | | |
| Brisket | Hot Holding | 155 | | | |
| Turkey | Hot Holding | 145 | | | |
| Chilli | Hot Holding | 155 | | | |
| Jambalaya | Hot Holding | 160 | | | |
| Mashed potatoes | Hot Holding | 165 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Observed Violations

Total # 6 Repeated # ()

20: Several food temperatures are reading above 41 degrees.

35: No labels on food containers.

37: Uncovered food on cold holding table.

42: Clean utensils improperly stored upright. Must invert.

45: Inside smokers need cleaning. Mixer need cleaning. Can opener need cleaning. Inside back cooler need cleaning. Please maintain cleanliness of equipment .

53: Staine ceiling tiles. The floor is wet around the 3 compartments sink, hand washing sink, and dish washing area.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: WOLF RIVE BRISKET COMPANY Establishment Number : 605257545

| comments/Other Observations | | |
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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: WOLF RIVE BRISKET COMPANY Establishment Number: 605257545

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: WOLF RIVE BRISKET COMPANY

Establishment Number # 605257545

| Sources | | | | |
|--------------|------|---------|-------|--|
| Source Type: | Food | Source: | Sysco | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| | | | | |

Additional Comments