### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

FOOD SERVICE ESTABLI					ISH	ME	IN1	r IN	NSF	PEC	TIC	ON REPORT	SCO	RE		_					
8		11	and the second															1 (			
Esta	LYNX LAIR -BAR Establishment Name							Tur	e of F	istabli	ehmo	Farmer's Market Food Unit     Permanent O Mobile	10								
Add	ress				2000 N F	PARKV	VAY						i yµ	eore	51001	SHITTE	O Temporary O Seasonal				
City					Memphis	S		Time in	12	2:2	<u>5 P</u>	M	_ A)	//PN	/ Tir	ne ou	ит 12:40; РМ АМ/РМ				
Insp	ectic	n Da	rte		10/28/2	2021	Establishmer	60526024	4		_ 6	Embe	irgoe	d 0							
Purp	ose	of In	spect	tion	Routine	0	Follow-up	O Complaint			O Pre	limin	ary		0	Cor	nsultation/Other				
Risk	Cat	egorj			篇1	0	-	<b>O</b> 3			<b>O</b> 4	_		_			up Required O Yes 鑬 No	Number of S		0	
				as c	ors are food ontributing	factors i	tion practic in foodborne	es and employee illness outbreak	s. P	ublic	s mo s Hea	ith i	Inter	vent	tions	are	to the Centers for Disease Cont control measures to prevent illn	ess or injury.	tion		
		(Ma	rk de	elgnet	ted compliance	e status (IN,											INTERVENTIONS ach item as applicable. Deduct points for	category or subcate	gery.)		
IN	in c	ompii	ance				NA=not applicat	ile NO=not observ		R		\$=co	recte	d on-si	te duri	ng ins	pection R=repeat (violation of th Compliance Status			01	WT
Т	IN	OUT	NA	NO			upervision			ĸ		h	IN	оит	NA	NO	Cooking and Reheating of Time/		cos	~	
1	鼠	0	_		Person in cha performs duti		nt, demonstrate	s knowledge, and	0	0	5	16	0	0	22		Control For Safety (TCS) Proper cooking time and temperatures	Foods	0	σ	
	IN XX		NA	NO		Em	ployee Healt mployee awar	h eness: reporting	0		_		Ó	ŏ			Proper reheating procedures for hot hok		00	õ	•
_	×	0					and exclusion		0	0	5		IN	OUT	NA	NO	Cooling and Holding, Date Markin a Public Health Contr				
4	IN XX	OUT O	NA		Proper eating		yglenic Pract rinking, or toba		0				00	0	夏		Proper cooling time and temperature Proper hot holding temperatures		0	응	
	ŝ	0	NA	0	No discharge	from eyes	, nose, and mo	uth	ŏ	ŏ	5	20	)ă O	0			Proper cold holding temperatures Proper date marking and disposition		0	š	5
	2	0	104		Hands clean	and proper	ly washed		0	0		22		0	22		Time as a public health control: procedu	res and records	0	1	
	鬣	٥	0	0	alternate proc	cedures foll	lowed	foods or approved	0	0	5			OUT			Consumer Advisory		-	-	
	_	OUT	NA	NO		Арр	perly supplied a proved Source			0	2	23	0	0	篱	_	Consumer advisory provided for raw an food		0	0	4
	<u>高</u>		0	20	Food obtaine Food receive				8	0			IN	OUT		NO	Highly Susceptible Popul				
_	×			-			safe, and unad ble: shell stock		0	0	5	24		0	22	_	Pasteurized foods used, prohibited food	s not offered	0	0	•
	O IN	O OUT	XX NA	0 NO	destruction		from Contan		0	0	_	25	IN O	OUT	NA		Chemicals Food additives: approved and properly u	sed	0	তা	_
13	2	0	0		Food separat	ted and pro				0			黛	0			Toxic substances properly identified, sto Conformance with Approved I	red, used	ŏ	ŏ	5
	<u>戻</u> 夏	0	-		Proper dispos			ned food not re-	0	0 0	5	27	IN O	OUT	22		Compliance with variance, specialized p		0	0	5
		-		_	served									-			HACCP plan		-	-	_
				Goo	d Retail Pri	actices a	re preventiv	e measures to co			art			<u> </u>		gens	, chemicals, and physical object	s into foods.			
				00	T=not in complia			COS=come	cted o	n-site	during				,		R-repeat (violation of the sar		000		14/7
	_	OUT			8	Safe Food	ce Status and Water			R			0	UT			Compliance Status Utensils and Equipment		COS	ĸ	WI
2		0	Wate	er and	ed eggs used v fice from appr	roved source	0e		0	00	2	4	5 (				nfood-contact surfaces cleanable, prope and used	fly designed,	0	0	1
3	-	0 001	Varia	ince d			rocessing met		0	0	1	4	6 (	o 🗤	/arews	ashin	g facilities, installed, maintained, used, to	st strips	0	0	1
3	1	0	Prop		oling methods	used; adec	quate equipmer	nt for temperature	0	0	2	4	_	D N UT	onfoo	d-con	tact surfaces clean		0	0	1
3	_		Plant	food	properly cook		holding		0			_	8 (	O H			Physical Facilities water available; adequate pressure		0	이	2
3	_		<u> </u>		thawing metho eters provided		ate		0	0	1	4	_	_			stalled; proper backflow devices waste water properly disposed		0	8	2
	_	OUT	-				ntification					-	_				es: properly constructed, supplied, cleane			0	1
3		O OUT	Food	l prop		-	tainer; required od Contamina	records available	0	0	1	5			-		use properly disposed; facilities maintain lities installed, maintained, and clean	ю	0	이	1
3	_	-	Insec	ts, ro	dents, and an				0	0	2	5		-			ntilation and lighting; designated areas u	sed	õ	0	1
3	7	0	Cont	amina	ation prevente	d during fo	od preparation,	storage & display	0	0	1		0	υт			Administrative items				
3	_	-	-		leanliness				0	0	1	5					nit posted		0	0	0
3	_			- X	ths; properly u ruits and vege		lored		0	8		5	6 (	о ім	lost re	cent	Compliance Status		O YES	0 N0	WT
4	_	OUT	In-us	e ute	Pi nsils; properly		of Utensils		0			5	,	0	omplia	ance	Non-Smokers Protection with TN Non-Smoker Protection Act	Act	x	01	
4	2	0	Uten	sils, e	quipment and	d linens; pro	openly stored, d		0	0	1	5	8	Te	obaco	o pro	ducts offered for sale oducts are sold, NSPA survey completed	1	0	0	٥
	43       O       Single-use/single-service articles; properly stored, used       O       O       1         44       O       Gloves used properly       O       O       1																				
servi	ce es	tablis	hmen	t perm	nit. Items identif	fied as cons	tituting imminen	t health hazards shall b	e corre	cted i	mmedi	ately	or ope	ration	s shall	ceas	Repeated violation of an identical risk factor e. You are required to post the food service	establishment permit	in a c	onspi	cuous
								anner. You have the rig I-711, 68-14-715, 68-14-7			t a hea	ring r	egard	ing thi	s repor	t by f	lling a written request with the Commissione	within ten (10) days	of the	date	of this
		£	2	×	5			10/2	28/2	021	L		C	)		$\cap$	17	1	.0/2	8/2	021
Sigr	atur	re of	Pers	on In	Charge					[	Date	Si	natu	re of	Enviro	onme	ental Health Specialist				Date

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

PH-2267 (Rev. 6-15)	Free food safety training cla		th at the county health department.	RDA 629
1192201 (Nev. 0-10)	Please call (	) 9012229200	to sign-up for a class.	104 025

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

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Establishment Name: LYNX LAIR -BAR Establishment Number #: 605260244

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 wenty-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.	
No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	
Sarage 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.	
3moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
	Quaternary	400							

Equipment l'emperature	
Description	Temperature (Fahrenheit)
True cooler	39

Description	State of Food	Temperature (Fahrenheit)		

Observed Violations	
Total #	
Repeated # ()	
55: Post current permit	

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#### Establishment Information

Establishment Name: LYNX LAIR -BAR Establishment Number : 605260244

Comments/Other Observations	
D: L: 2: 3: 4: 5: 5: 5: 7: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9	
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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: LYNX LAIR -BAR

Establishment Number : 605260244

Comments/Other Observations (cont'd)

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

# Establishment Information Establishment Name: LYNX LAIR -BAR

Establishment Number #: 605260244

Sources				
Source Type:	Food	Source:	Sysco	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

## Additional Comments