

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit **DIXIE QUEEN** Remanent O Mobile Establishment Name Type of Establishment 1884 GERMANTOWN PKWY

O Temporary O Seasonal Address Cordova

Time in 02:35 PM AM/PM Time out 02:50: PM AM/PM City 01/26/2023 Establishment # 605257437 Embargoed 000 Inspection Date

日本 Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other

Number of Seats 60 Risk Category О3 04 Follow-up Required O Yes 疑 No

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| 115 | <b>e</b> in c | ompli | ance |    | OUT=not in compliance NA=not applicable NO=not observ                                     | ed  |   | CC    | OS≃cor | recte | id |
|-----|---------------|-------|------|----|---|-----|---|-------|--------|-------|----|
| 匚   |               |       |      |    | Compliance Status   | COS | R | WT    |        |       | _  |
|     | IN            | OUT   | NA   | NO | Supervision   |     |   |       |        | IN    | I  |
| 1   | M             | 0     |      |    | Person in charge present, demonstrates knowledge, and<br>performs duties                  | 0   | 0 | 5     | 16     | ×     | ł  |
|     | IN            | OUT   | NA   | NO | Employee Health   |     |   |       | 17     | 0     | t  |
| 2   | ЭX            | 0     |      |    | Management and food employee awareness; reporting   | 0   | 0 |       |        |       | t  |
| 3   | ×             | 0     |      |    | Proper use of restriction and exclusion   | 0   | 0 | 5     |        | IN    | ı  |
|     | IN            | OUT   | NA   | NO | Good Hygienic Practices   |     |   |       | 18     | ×     | T  |
| 4   | X             | 0     |      | 0  | Proper eating, tasting, drinking, or tobacco use  | 0   | 0 | 5     | 19     | 1     | Ī  |
| 5   | *             | 0     |      | 0  | No discharge from eyes, nose, and mouth   | 0   | 0 | Ľ     | 20     | 143   | Ι  |
|     |               | OUT   | NA   | NO | Proventing Contamination by Hands   |     |   |       | 21     | *     | Ι  |
| 6   | 黨             | 0     |      | 0  | Hands clean and properly washed   | 0   | 0 |       | 22     | 0     | I  |
| 7   | 氮             | 0     | 0    | 0  | No bare hand contact with ready-to-eat foods or approved<br>alternate procedures followed | 0   | 0 | 5     |        | IN    | ł  |
| 8   | X             | 0     |      |    | Handwashing sinks properly supplied and accessible  | 0   | 0 | 2     | 23     | 0     | Ť  |
|     |               | OUT   | NA   | NO | Approved Source   |     |   |       | 23     | _     | 1  |
| 9   | 黨             | 0     |      |    | Food obtained from approved source  | 0   | 0 |       |        | IN    | ľ  |
| 10  | 0             | 0     | 0    | ×  | Food received at proper temperature   | 0   | 0 | 1 . [ | 24     | 0     | T  |
| 11  | ×             | 0     |      |    | Food in good condition, safe, and unadulterated   | 0   | 0 | 5     |        | _     | 1  |
| 12  | 0             | 0     | ×    | 0  | Required records available: shell stock tags, parasite<br>destruction                     | 0   | 0 |       |        | IN    |    |
|     | IN            | OUT   | NA   | NO | Protection from Contamination   |     |   |       | 25     |       | Ι  |
| 13  | ×             | 0     | 0    |    | Food separated and protected  | 0   | 0 | 4     | 26     | 黨     | Ι  |
| 14  | ×             | 0     | 0    |    | Food-contact surfaces: cleaned and sanitized  | 0   | 0 | 5     |        | IN    |    |
| 15  | Ħ             | 0     |      |    | Proper disposition of unsafe food, returned food not re-<br>served                        | 0   | 0 | 2     | 27     | 0     | I  |

|    |    |     |    |    | Compliance Status   | COS | R | WT |
|----|----|-----|----|----|---|-----|---|----|
|    | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature<br>Control For Safety (TCS) Foods |     |   |    |
| 16 | 凝  | 0   | 0  | 0  | Proper cooking time and temperatures  | 0   | 0 | 5  |
| 17 | 0  | 0   | 0  | 3% | Proper reheating procedures for hot holding                                 | 0   | 0 | ۰  |
|    | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as<br>a Public Health Control   |     |   |    |
| 18 | ×  | 0   | 0  | 0  | Proper cooling time and temperature   | 0   | 0 |    |
| 19 | ×  | 0   | 0  | 0  | Proper hot holding temperatures   | 0   | 0 |    |
| 20 | 24 | 0   | 0  |    | Proper cold holding temperatures  | 0   | 0 | 5  |
| 21 | *  | 0   | 0  | 0  | Proper date marking and disposition   | 0   | 0 | ľ  |
| 22 | 0  | 0   | 0  | 氮  | 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<br>food                  | 0   | 0 | 4  |
|    | IN | OUT | NA | NO | Highly Susceptible Populations  |     |   |    |
| 24 | 0  | 0   | M  |    | Pasteurized foods used; prohibited foods not offered                        | 0   | 0 | 5  |
|    | IN | оит | NA | NO | Chemicals   |     |   |    |
| 25 | 0  | 0   | X  |    | Food additives: approved and properly used                                  | 0   | 0 | 5  |
| 26 | 黨  | 0   |    |    | Toxic substances properly identified, stored, used                          | 0   | 0 | •  |
|    | IN | OUT | NA | NO | Conformance with Approved Procedures  |     |   |    |
| 27 | 0  | 0   | ×  |    | Compliance with variance, specialized process, and<br>HACCP plan            | 0   | 0 | 5  |

#### ures to control the introduction of pathogens, chemicals, and physical objects into foods. Good Retail Practices are preventive me

PRACTICES

|    |     |  | 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 | Ŀ   |
|    | OUT | Food Temperature Control   |     | _ |     |
| 31 | 0   | Proper cooling methods used; adequate equipment for temperature<br>control | 0   | 0 | :   |
| 32 | 0   | Plant food properly cooked for hot holding                                 | 0   | 0 | Г   |
| 33 | 0   | Approved thawing methods used  | 0   | 0 | 1   |
| 34 | X   | Thermometers provided and accurate   | 0   | 0 | г   |
|    | OUT | Food Identification  |     |   |     |
| 35 | ×   | 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 | 326 | Contamination prevented during food preparation, storage & display         | 0   | 0 | 1   |
| 38 | 0   | Personal cleanliness   | 0   | 0 | Г   |
| 39 | 0   | 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 | 120 | Utensils, equipment and linens; properly stored, dried, handled            | 0   | 0 | 1   |
| 43 |     |  | 0   | 0 | r   |
| 44 | 10  | Gloves used properly   | 0   | 0 |     |

| pecti |     | R-repeat (violation of the same code provision)  Compliance Status                        | cos | R  | W   |
|-------|-----|---|-----|----|-----|
|       | OUT | Utensils and Equipment  |     |    |     |
| 45    | 麗   | Food and norifood-contact surfaces cleanable, properly designed,<br>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  | 7   |
| 49    | 0   | Plumbing installed; proper backflow devices   | 0   | 0  | - 2 |
| 50    | 0   | Sewage and waste water properly disposed  | 0   | 0  | - 2 |
| 51    | 282 | Toilet facilities: properly constructed, supplied, cleaned                                | 0   | 0  | 1   |
| 52    | ×   | Garbage/refuse properly disposed; facilities maintained                                   | 0   | 0  | 1   |
| 53    | 3%  | Physical facilities installed, maintained, and clean                                      | 0   | 0  | 1   |
| 54    | 羅   | Adequate ventilation and lighting; designated areas used                                  | 0   | 0  | '   |
|       | OUT | Administrative Items  |     |    |     |
| 55    | 題   | Current permit posted   | 0   | 0  | Г   |
| 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  | 0   | 0  |     |
| 58    |     | Tobacco products offered for sale   |     |    | ١ ( |
| 59    |     | If tobacco products are sold, NSPA survey completed                                       | 0   | 0  |     |

ction report in a conspicuous mann er. You have the right to request a h ten (10) days of the date of the 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

01/26/2023

Date Signature of Environmental Health Sp

01/26/2023 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.

RDA 629

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



| Establishment Information  |  |                               |                        |          |  |  |  |  |  |
|--|--|-------------------------------|------------------------|----------|--|--|--|--|--|
| Establishment Name: DIXIE QUEEN  |  |                               |                        |          |  |  |  |  |  |
| Establishment Number #: 605257437  |  |                               |                        |          |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
| NSPA Survey - To be completed if   |  |                               |                        |          |  |  |  |  |  |
| Age-restricted venue does not affirmatively rest<br>twenty-one (21) years of age or older. | trict access to its buildings o                                  | or facilities at all times to | persons who are        |          |  |  |  |  |  |
| Age-restricted venue does not require each per   | son attempting to gain entr                                      | y to submit acceptable f      | orm of identification. |          |  |  |  |  |  |
| "No Smoking" signs or the international "Non-S   | moking" symbol are not con                                       | spicuously posted at ev       | very entrance.         |          |  |  |  |  |  |
| Garage type doors in non-enclosed areas are r  | Garage type doors in non-enclosed areas are not completely open. |                               |                        |          |  |  |  |  |  |
| Tents or awnings with removable sides or vents   | s in non-enclosed areas are                                      | not completely remove         | d or open.             |          |  |  |  |  |  |
| Smoke from non-enclosed areas is infiltrating in   | nto areas where smoking is                                       | prohibited.                   |                        |          |  |  |  |  |  |
| Smoking observed where smoking is prohibited   | i by the Act.  |                               |                        |          |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
| Warewashing Info   |  |                               |                        |          |  |  |  |  |  |
| Machine Name   | Sanitizer Type   | PPM                           | Temperature ( Fai      | renhelt) |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
| Equipment Temperature  |  |                               |                        |          |  |  |  |  |  |
| Description  |  |                               | Temperature ( Fah      | renhelt) |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
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| Food Temperature   |  | 1 -1 1                        |                        |          |  |  |  |  |  |
| Description  |  | State of Food                 | Temperature ( Fah      | renhelt) |  |  |  |  |  |
|  |  |                               |                        |          |  |  |  |  |  |
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| Observed Violations  |
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| Total # 10   |
| Repeated # ()  |
| 34: Thermometer for the walk in cooler and freezer are missing.                    |
| 35: Provide labels for unmarked containers with food items inside.                 |
| 37: Personal items stored in the food storage.                                     |
| 42: Pots and pans should be stored upside down unless a lid is present.            |
| 45: Ice cream freezer, refrigerator near the ice freezer, and walk in freezer need |
| to be defrosted. Ice build up present.   |
| 51: No soap in the mens restroom. Mens restroom floor needs to be cleaned.         |
| Womens restroom floor needs to be cleaned.   |
| 52: Observed the dumpster gate open and cardboard boxes + trash present in         |
| the dumpster area.   |
| 53: Kitchen floors and floors with the cooler/freezer need to be cleaned.          |
| 54: Observed dirty ceiling tiles in the lobby area.                                |
| 55: Post the current permit. Please contact the permit office, fees are due.       |
| Additional information provided on a separate 216 form.                            |
| Additional information provided on a separate 210 form.                            |
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## TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| ablishment Number: 605257437                             |  |
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| mments/Other Observations                                |  |
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| Observed eggs properly stored.                           |  |
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| PIC understands the cool down process. Signs now posted. |  |
| To understands the coor down process. Signs now posted.  |  |
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See last page for additional comments.

Additional Comments

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Establishment Information

| Establishment Information         |         |  |  |  |  |  |  |  |
|-----------------------------------|---------|--|--|--|--|--|--|--|
| Establishment Name: DIXIE QUEEN   |         |  |  |  |  |  |  |  |
| Establishment Number #. 605257437 |         |  |  |  |  |  |  |  |
|                                   |         |  |  |  |  |  |  |  |
| Sources                           |         |  |  |  |  |  |  |  |
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