

Establishment Name

Address

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

08/25/2022 Establishment # 605245770 Embargoed 0 Inspection Date

STONEY RIVER RESTAURANT - FD-SRV.

7515 POPLAR AVE SUITE 101

Germantown

**K**Routine

O Preliminary O Consultation/Other

Time in 03:50 PM AM/PM Time out 04:55: PM AM/PM

O Follow-up Purpose of Inspection O Complaint Risk Category О3 04 Follow-up Required 级 Yes O No

Number of Seats 210

SCORE

10	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe			_		rrecte	d on-si	te duri	ing int	ре
_			_		Compliance Status	cos	R	WT						_
	IN	OUT	NA	NO	Supervision					IN	оит	NA	NO	
1	誕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	10	320	0	0	0	Pi
	IN	OUT	NA	NO	Employee Health				1 17	0.00	ŏ	XX.	_	Pi
2	300	0			Management and food employee awareness; reporting	0	0	$\overline{}$	1 1			-	Ť	
3	×	0			Proper use of restriction and exclusion	0	0	5	ш	IN	OUT	NA	NO	ľ
	IN	OUT	NA	NO	Good Hyglenic Practices				1 12	0	0	×	0	Pi
4	300	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 19	0	0	0	窓	Pi
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	l °	20		菜	0		Pi
	IN	OUT	NA	NO	Preventing Contamination by Hands				2	1 28	0	0	0	P
6	黨	0		0	Hands clean and properly washed	0	0		2	0	0	M	0	т
7	級	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5	ľ	_	_	0.0	_	Ľ
		_			alternate procedures followed	_	_			IN	OUT	NA	NO	
8	0	X		118	Handwashing sinks properly supplied and accessible	X	0	2	23	120	lol	0		ļ0
		OUT	NA	NO	Approved Source			_	ΙĽ	1 .		-		fo
9	黨	0			Food obtained from approved source	0	0		ΙЦ	IN	OUT	NA	NO	L
10	0	0	0	×	Food received at proper temperature	0	0	١.	24	0	0	320		l <sub>Pi</sub>
11	×	0	Щ.		Food in good condition, safe, and unadulterated	0	0	5	ΙĽ		Ľ			Ľ.
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		Ш	IN	оит	NA	NO	
	IN	OUT	NA	NO	Protection from Contamination				25		0	3%		F
13	Ŕ	0	0		Food separated and protected	0	0	4	20	黨	0			To
14	0	X	0		Food-contact surfaces: cleaned and sanitized	0	0	5	П	IN	OUT	NA	NO	
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		ОН

_					Compliance Status	COS	К	WI
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	0	Proper cooking time and temperatures	0	00	5
17	0	0	200	0	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	×	0	Proper cooling time and temperature	0	0	
19	0	0	0	文	Proper hot holding temperatures	0	0	
20	0	×	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	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	M		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	<b>X</b>		Food additives: approved and properly used	0	0	5
26	8	0			Toxic substances properly identified, stored, used	0	0	3
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

### s to control the introduction of pathogens, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mori			_
28	0	Pasteurized eggs used where required	0	0	1
29	0		0	0	_;
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	:
32	0	Plant food properly cooked for hot holding	0	0	r
33	0	Approved thawing methods used	0	0	Т
34	0	Thermometers provided and accurate	0	0	r
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	ŀ
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	ŀ
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	·
	OUT	Proper Use of Utensils	$\top$		T
41	0	In-use utensils; properly stored	0	0	г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
	_		0	0	ь.
43	0	Childre-aperalistic-pervice arrives, broberry stored, asea		-	

pecti	on	R-repeat (violation of the same code provision		_	
		Compliance Status	cos	R	W
	OUT	Utensils and Equipment	Щ.	_	_
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	-
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	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	-
54	0	Adequate ventilation and lighting; designated areas used	0	0	'
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
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	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

ten (10) days of the date of the

08/25/2022

08/25/2022

Signature of Person In Charge

ronmental Health Specialist

Date

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

Date

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



#### Establishment Information

Establishment Name: STONEY RIVER RESTAURANT - FD-SRV.

Establishment Number #: |605245770

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.	
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.	
Garage 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.	
Smoke 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)					
Automatic dishwasher	Heat		144					

Equipment Temperature						
Description	Temperature ( Fahrenheit					

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit)
Shrimp	Cold Holding	37
Raw chicken	Cold Holding	41
Salmon	Cold Holding	67
Steak	Cold Holding	66
Shrimp	Cold Holding	61
Tomato	Cold Holding	38
Raw beef	Cold Holding	41
Raw chicken	Cold Holding	41
Trout	Cooking	168
Steak	Cooking	156
Steak eggroll	Cooking	158

Observed Violations
Total # B
Repeated # ()
8: No hand soap and paper towels in handsink in dish washing area.
14: Ice machine is dirty with dark colored substance.
20: Food items are over 41F.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

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Establishment Information



Establishment Name: STONEY RIVER RESTAURANT - FD-SRV.	
Establishment Number: 605245770	
Comments/Other Observations	
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3:	
4:	
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11: 12:	
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1: 2: 3: 4: 5: 6: 7: 9: 10: 11: 12: 13: 15: 16: 17: 18: 19: 21: 22: 23: 24: 25: 26: 27: 57:	
58:	
***See page at the end of this document for any violations that could not be displayed	ed in this space.
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Additional Comments	
See last page for additional comments.	

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Establishment Number: 605245770	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information

Establishment Information								
Establishment Name: ST	ONEY RIVER REST	AURANT - FD-SRV.						
Establishment Number #:	605245770							
Sources								
Source Type:	Food	Source:	GFS					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Commer	nts							