## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| 521  |        | 47       | 125    |  |                                      |   |                             |          |       |            |           |                             |  |            |         |  |      |     |       |
|--|--------|----------|--------|--|--------------------------------------|---|-----------------------------|----------|-------|------------|-----------|-----------------------------|--|------------|---------|--|------|-----|-------|
|  | 1000   | 744      |        |  |                                      |   |                             |          |       |            |           |                             |  |            |         |  |      |     |       |
| Rockhouse Live (Restaurant)  |        |          |        |  |                                      |   |                             |          |       |            |           | O Fermer's Market Food Unit |  |            |         |  |      |     |       |
| Establishment Name<br>5709 Raleigh Lagrange Rd.  |        |          |        | Type of Establishment  Vermanent  O Mobile |                                      |   |                             |          |       |            |           | J                           |  |            |         |  |      |     |       |
| Add  | ress   |          |        |  | Memphis                              | ayranyt   |                             | 07       | 1.5   |            |           |                             |  |            |         | O Temporary O Seasonal   |      |     |       |
| City   |        |          |        |  |                                      | 000   |                             |          | L.5   |            |           | _                           |  |            | me o    | ut 03:00; PM AM / PM   |      |     |       |
| Insp   | ectio  | on Da    | rte    |  |                                      | Establishm  | ent# 60522875               | 1        |       | _          |           |                             | d L  | 000        |         |  |      |     |       |
| Purp   | ose    | of In    | spec   | tion                                       | Routine                              | O Follow-up   | O Complaint                 |          |       | O Pr       | elimir    | ary                         |  | c          | Cor     | nsultation/Other   |      |     |       |
| Risk   | Cat    | tegor    |        |  | <b>O</b> 1                           | <b>3</b> \$2  | <b>O</b> 3                  | baba     |       | <b>O</b> 4 | _         |                             |  |            |         | up Required 崑 Yes O No Number of :   |      | 12  | 5     |
|  |        | _        |        |  |                                      |   |                             |          |       |            |           |                             |  |            |         | d to the Centers for Disease Control and Prever<br>control measures to prevent illness or injury.                                    | tion |     |       |
|  |        |          |        |  |                                      |   | BORNE ILLNESS RI            |          |       |            |           |                             |  |            |         |  |      |     |       |
| (Mark designated compliance status (IX, OUT, XA, NO) for each numbered item.<br>IN=in compliance OUT=not in compliance NA=not applicable NO=not observed |        |          |        |  |                                      |   |                             |          |       |            |           |                             | spection R=repeat (violation of the same code provis |            | _       |  |      |     |       |
| _  |        |          |        |  | Co                                   | mpliance Status   |                             | cos      | R     | WT         | F         |                             | _  | _          |         | Compliance Status  | COS  | R   | WT    |
|  |        | -        | NA     | NO   | Person in charc                      | Supervision<br>e present, demonstr  |                             |          |       |            |           | IN                          | 001  | NA         | NO      | Cooking and Roheating of Time/Temperature<br>Control For Safety (TCS) Foods  |      |     |       |
|  | 黨      |          | NA     | NO   | performs duties                      |   |                             | 0        | 0     | 5          |           | 0                           | 8  |            |         | Proper cooking time and temperatures<br>Proper reheating procedures for hot holding  | 0    | 0   | 5     |
| 2  | X      | 0        |        |  |                                      | nd food employee aw   | areness; reporting          | _        | 0     | 5          | Ë         | IN                          | 001  |            |         | Cooling and Holding, Date Marking, and Time as   | Ē    |     |       |
| -  | ×      | 0        | NA     | NO   |                                      | estriction and exclusi<br>Good Hygienic Pre   |                             | 0        | 0     | Ť          | 18        |                             | 0  |            |         | a Public Health Control Proper cooling time and temperature  | 0    |     |       |
| 4  | X      | 0        | -      | 0  | Proper eating, t                     | asting, drinking, or to   | bacco use                   | 0        | 0     | 5          | 19        | ō                           | 0  | 0          |         | Proper hot holding temperatures  | 0    | 0   |       |
|  |        | OUT      | NA     | NO   | Preve                                | om eyes, nose, and r<br>nting Contaminat  |                             |          | 0     | -          | 20<br>21  | 8                           | 0  |            | 0       | Proper cold holding temperatures<br>Proper date marking and disposition  | 8    | 8   | 5     |
| -  | 邕      |          |        |  |                                      | d properly washed<br>ontact with ready-to-  | eat foods or approved       | -        | 0     | 5          | 22        | 0                           | 0  | ×          | 0       | Time as a public health control: procedures and records  | 0    | 0   |       |
|  | 邕      | 0        | 0      | 0  | alternate proce                      |   |                             | 0        | 0     | 2          |           | IN                          | out  | _          | NO      | Consumer Advisory<br>Consumer advisory provided for raw and undercooked  |      |     |       |
|  | IN     | OUT      | NA     | NO   |                                      | Approved Sou  | rce                         |          |       |            | 23        | -                           | 0  | NA NA      | NO      | food   | 0    | 0   | 4     |
| 10   | 0      | 0        | 0      | 2  | Food received                        | from approved source<br>at proper temperature   | )                           | 0        |       |            | 24        | IN<br>O                     | 0  | 333        | NO      | Highly Susceptible Populations Pasteurized foods used; prohibited foods not offered  | 0    | 0   | 5     |
| 11<br>12   | 0<br>0 | <u>©</u> | X      | 0  | Required record                      | ondition, safe, and un<br>ds available: shell sto   |                             | 0        | 0     | 5          | F         | IN                          | 001  | -          | NO      | Chemicals  | -    |     | -     |
|  | IN     | OUT      | NA     | -  | destruction Pro                      | tection from Cont   | amination                   | -        |       | _          | 25        | 0                           |  |            |         | Food additives: approved and properly used   | 0    |     |       |
|  |        | 0        |        |  |                                      | and protected<br>urfaces: cleaned and   | eacitized                   |          | 8     | 4          | 26        |                             | 0  |            | ·       | Taxic substances properly identified, stored, used<br>Conformance with Approved Procedures   | 0    | 0   | 5     |
| 14   | _      | 0        | -      | J  |                                      | ion of unsafe food, re  |                             | -        |       |            | 27        | _                           | -  | 88         | 1000    | Compliance with variance, specialized process, and   | 0    | 0   | 5     |
|  | ~      | -        |        | _  | served                               |   |                             |          |       |            |           |                             | -  | -          |         | HACCP plan   |      | -   |       |
|  |        |          |        | God  | d Retail Prac                        | tices are preven  | tive measures to c          | ontro    | l the | intr       | oduc      | tion                        | of   | patho      | gens    | s, chemicals, and physical objects into foods.   |      |     |       |
|  |        |          |        | 00   | T=not in complian                    | ce  | COS=com                     |          |       | au A       |           |                             |  | 3          |         | R-repeat (violation of the same code provision)  |      |     |       |
|  | _      | OUT      |        |  | Co                                   | mpliance Status<br>fe Food and Water  |                             |          | R     |            | É         |                             | UT   |            |         | Compliance Status<br>Utensils and Equipment  | COS  | R   | WT    |
| 2  | -      | 0        | Past   | euriz                                      | ed eggs used wh<br>d ice from approv | ere required  | ,                           | 0        | 2     | 1          | 4         |                             | er F   |            |         | nfood-contact surfaces cleanable, properly designed,   | 0    | 0   | 1     |
| 2  | _      | Õ        |        |  | obtained for spec                    | cialized processing m   |                             | ő        | 0     | 2          | 4         | 6                           | _  |            |         | and used<br>g facilities, installed, maintained, used, test strips   | 0    | 0   | 1     |
|  |        | OUT      | Prop   | er co                                      |                                      | Temperature Cont<br>sed; adequate equipr  |                             | 0        |       |            | 4         | _                           | -  |            |         | ntact surfaces clean   |      | 0   | 1     |
| 3  |        | 0        | cont   | rol  | property cooked                      |   |                             | 0        | 0     | 2          | 4         |                             |  | lat an     | Foold   | Physical Facilities  | 0    |     | 2     |
| 3  | -      |          |        |  | thawing method                       |   |                             | 0        |       | 1          | 4         | _                           | -  |            |         | f water available; adequate pressure<br>stalled; proper backflow devices   | 0    | 0   | 2     |
| 3  | 4      | O<br>OUT | Ther   | mom  | eters provided a                     | nd accurate<br>od identification  |                             | 0        | 0     | 1          | 5         |                             | -  |            |         | waste water properly disposed<br>s: properly constructed, supplied, cleaned  |      |     | 2     |
| 3  | 5      |          | Food   | 1 prog                                     |                                      | ginal container; requir   | ed records available        | 0        | 0     | 1          | 5         | _                           | _  |            |         | use properly disposed; facilities maintained   | ō    | 0   | 1     |
|  |        | OUT      |        |  | Preventio                            | n of Food Contam  | ination                     |          |       |            | 5         | 3 2                         |  | Physica    | al faci | lities installed, maintained, and clean  | 0    | 0   | 1     |
| 3  | 6      | 0        | Inse   | cts, ro                                    | odents, and anim                     | als not present   |                             | 0        | 0     | 2          | 5         | 4 3                         | × /  | Adequa     | ate ve  | ntilation and lighting; designated areas used  | 0    | 0   | 1     |
| 3  | 7      | X        | Cont   | tamin                                      | ation prevented                      | during food preparation   | on, storage & display       | 0        | 0     | 1          |           | 0                           | TUK  |            |         | Administrative Items   |      |     |       |
| 3  | -      |          |        |  | cleanliness<br>oths: properly use    | ad and stored   |                             | 0        | 0     | 1          |           | 5                           |  |            |         | nit posted<br>inspection posted  | 00   | 2   | 0     |
| 4  | _      | 0        | Was    |  | ruits and vegeta                     |   |                             |          | ŏ     |            | Ľ         | • I ·                       |  | 1000.10    | Net in  | Compliance Status  | YES  | NO  | WT    |
| 4  | 1      | OUT      |        | ie ute                                     | Pre<br>nsils; properly st            | per Use of Utensil<br>ored  | •                           | 0        | 0     | 1          | 5         | 7                           | -  | Compli     | ance    | Non-Smokers Protection Act<br>with TN Non-Smoker Protection Act  | X    | о   |       |
| 4  | 2      | 0        | Uten   | sils, (                                    | equipment and li                     | nens; properly stored   |                             | 0        | 0     | 1          | 5         | 8                           |  | Tobacc     | o pro   | ducts offered for sale   | 0    | 0   | 0     |
| 4  | -      |          |        |  | a/single-service a<br>ad properly    | articles; properly stor   | ed, used                    |          | 8     |            | 5         | 9                           | 1  | ftobac     | co pr   | oducts are sold, NSPA survey completed   | 0    | 0   |       |
|  |        |          |        |  |                                      |   |                             |          |       |            |           |                             |  |            |         | Repeated violation of an identical risk factor may result in revo  |      |     |       |
| man  | ner a  | nd po    | st the | most                                       | recent inspection                    | report in a conspicuou  | s manner. You have the rig  | ght to r | eques |            |           |                             |  |            |         | e. You are required to post the food service establishment perm<br>fling a written request with the Commissioner within ten (10) day |      |     |       |
|  |        |          |        |  | •                                    |   | -14-711, 68-14-715, 68-14-7 |          |       | <u>ר</u>   |           | 5                           | 7  | $\bigcirc$ | /       | lice   | 11/0 |     | 000   |
| Sim  | C      | te of    | Per    | <b>X</b>                                   | 7 W J<br>Charge                      | en  | 11/0                        | J4/2     | _     | Date       | <u>ei</u> | Inat                        |  | Ľ          |         | ental Health Specialist  | 11/0 | 4/2 | Date  |
| ~~g,   | ALC:   |          |        | ogen H                                     |                                      |   | safety information car      | n be fo  |       |            |           |                             |  |            |         | ealth/article/eh-foodservice ****  |      |     | 2-210 |
|  |        |          |        |  |                                      | the second se |                             |          |       |            |           |                             |  |            |         |  |      |     |       |

|                     | -   |  |  |         |
|---------------------|---|--|--|---------|
| 14-2267 (Rev. 6-15) | Free food safety training ck<br>Please call ( | isses are available each mon<br>) 9012229200 | th at the county health department.<br>to sign-up for a class. | RDA 629 |

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



# Establishment Information

Establishment Name: Rockhouse Live (Restaurant) Establishment Number #: 605228751

| 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<br>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.  |  |
| 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) |  |  |  |  |  |  |
| Eco lab Commercial dish | Chlorine       | 0   |                          |  |  |  |  |  |  |

| Equipment l'emperature |                          |  |  |  |  |  |
|------------------------|--------------------------|--|--|--|--|--|
| Description            | Temperature (Fahrenheit) |  |  |  |  |  |
| Walk in freezer        | -10                      |  |  |  |  |  |
| Walk in cooler         | 40                       |  |  |  |  |  |
|                        |                          |  |  |  |  |  |
|                        |                          |  |  |  |  |  |

| Food Temperature | ood Temperature |           |                          |  |  |  |
|------------------|-----------------|-----------|--------------------------|--|--|--|
| Description      | Stat            | e of Food | Temperature (Fahrenheit) |  |  |  |
| Coleslaw         | Cole            | d Holding | 41                       |  |  |  |
| Tomato           | Cole            | d Holding | 41                       |  |  |  |
| Raw fish         | Col             | d Holding | 40                       |  |  |  |
|                  |                 |           |                          |  |  |  |
|                  |                 |           |                          |  |  |  |
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|                  |                 |           |                          |  |  |  |
|                  |                 |           |                          |  |  |  |

#### Observed Violations

Total # 12 Repeated # ()

8: No paper towels at hand sink (by 3 compartment sink) and Dishes were stored inside handsink.

11: Lettuce is turning brown.

21: No date marking on tcs food. (Cole slaw, slice tomatoes , cooked chicken) 35: Unlabeled food in walk in cooler.

37: Open bag of chicken breading. Please place on container with lid.

38: No hair restrains worn in kitchen while preparing a hot dog.

41: Dipping sauce cups used as scoops stored in coleslaw and ranch.

45: Outside and inside of microwave is dirty. Cutting boards have too many grooves and need to be replaced. Cooler used for dishes has food debris at bottom. Grease build up on fryer and stove. Shelves next to fryer and behind fryer is dirty. Can opener needs to be washed, rinsed and sanitized.

49: Pipe leaking under 3 compartment sink.

53: Walls are dirty and damaged. Floor tiles are cracked in kitchen. Ceiling tile by back door is missing. Cardboard box is used to cover ceiling.

54: Inadequate lighting in kitchen. Light blown out next to walk in coolers and need more lighting near 3 compartment sink. Light blown out under vent-a-hood. 55: Permit expired in June 2022

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



### Establishment Information

Establishment Name: Rockhouse Live (Restaurant) Establishment Number : 605228751

| 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: Rockhouse Live (Restaurant)

Establishment Number : 605228751

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Rockhouse Live (Restaurant)
Establishment Number # 605228751

| Sources      |         |  |
|--------------|---------|--|
| Source Type: | Source: |  |

# Additional Comments