# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

									>										
Establishment Name			it Nar		Popeyes Louisiana Kitchen, Inc., #4989					Type of Establishment Wermanent O Mobile					9	K			
Address 6546 Winchester Rd.						_					O Temporary O Seasonal								
City Memphis Time in						ein 11	1:1	5 A	M	A	M/PI	и ті	me o	ut 11:50:AM AM/PM					
Insp	etic	n Da	ate		05/31/2023 🖪	tablishment # 6051926	521 			Emb	- arace	d 0							
			spec			iow-up O Compla			O Pr			-		Cor	nsultation/Other				
Risk					01 302	03			04				Fe	ollow-	up Required O Yes 🕱 No	Number of Se	eats	84	
			*		ors are food preparation	n practices and employ			8 mc				rep	ortec	to the Centers for Disease Control	and Prevent		_	
				as c	ontributing factors in f										control measures to prevent illness	s or injury.			
		(11	ırk de	algnat	ed compliance status (IH, OU	FOODBORNE ILLNESS T, HA, HO) for each numbered I									ach item as applicable. Deduct points for cat	egory or subcate	gory.)	)	
IN	in c	ompii	ance		OUT=not in compliance NA- Compliance			R		)S=co	rrecte	d on-si	ite duri	ing ins	pection R=repeat (violation of the s Compliance Status			R	WT
h	IN	OUT	NA	NO		ervision		1 ~		F	IN	оит	NA	NO	Cooking and Reheating of Time/Te		000	~	
Π	8	0				emonstrates knowledge, and	0	0	5	16	12	0	0		Control For Safety (TCS) For Proper cooking time and temperatures		~		
			NA	NO		yee Health					õ		×		Proper reheating procedures for hot holding	)	00	ŏ	5
23	風滅	0			Management and food emp Proper use of restriction and		0	0	5		IN	оυт	NA	NO	Cooling and Holding, Date Marking, a a Public Health Control	and Time as			
H	IN		NA	NO	,	onic Practices		-			0	0	×	0	Proper cooling time and temperature		0	0	
4	Š	0			Proper eating, tasting, drinki No discharge from eyes, no		8	0	5		12	0	0	0	Proper hot holding temperatures Proper cold holding temperatures		0	0	
	IN	OUT	NA	NO	Preventing Cent	amination by Hands					õ			23	Proper date marking and disposition		ŏ	ŏ	5
-+		0		_	Hands clean and properly w No bare hand contact with n	ashed eady-to-eat foods or approve		0	5	22	0	0	×	0	Time as a public health control: procedures	and records	0	0	
	×	0	0	0	alternate procedures followe	d	0	0			IN	OUT	_	NO	Consumer Advisory				
	IN		NA	NO	Handwashing sinks properly Approv	ed Source	-	0	2	23	0	0	蒿		Consumer advisory provided for raw and u food	ndercooked	0	0	4
		0	~	-	Food obtained from approve Food received at proper tem			0			IN	OUT	_	NO	Highly Susceptible Population	ens			
11		ŏ	-	200	Food in good condition, safe	e, and unadulterated	- ŏ	ŏ	5	24	0	0	X		Pasteurized foods used; prohibited foods n	ot offered	0	0	5
12	0	0	X	0	Required records available: destruction	shell stock tags, parasite	0	0			IN	OUT	NA	NO	Chemicals				
13			NA	NO	Protection fro Food separated and protect	m Contamination		0	4	25	0 嵐	8	X	J	Food additives: approved and properly use Toxic substances properly identified, stored		0	읭	5
14	R.	ŏ	ŏ		Food-contact surfaces: clear			ŏ		20	IN		NA	NO	Conformance with Approved Pro		-	-	
15	_			·	Proper disposition of unsafe served	food, returned food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized proc HACCP plan	ess, and	0	0	5
			_	-			-			-		-		_					
				Geo	d Retail Practices are	preventive measures to								gens	, chemicals, and physical objects i	nto foods.			
				00	T=not in compliance	COS=c	prrected of		during			IGR	5		R-repeat (violation of the same	code provision)			
	_	OUT	_		Compliance 3 Safe Food and		COS	R	WT			UT			Compliance Status Utensils and Equipment		COS	R	WT
21	1	0	Past		d eggs used where required		0	0	1	4		_	ood a	nd no	nfood-contact surfaces cleanable, properly	designed,	0	0	1
29	_				lice from approved source obtained for specialized proce	essing methods	- 8	8	2	$\vdash$	+	- 0			and used		-		
	_	OUT			Food Temperatu	re Control				4	_	_			g facilities, installed, maintained, used, test	strips	0	0	1
31		0	Prop		oling methods used; adequat	e equipment for temperature	0	0	2	4	_	O N	ontoo	d-cor	Physical Facilities		0	0	1
33	_		Plan	t food	properly cooked for hot hold	ing	0	0	1	4	8 1	R H			water available; adequate pressure		23	-	2
3:	-				thawing methods used eters provided and accurate		0	0	1	4	_			- T	stalled; proper backflow devices waste water properly disposed		_	0	2
	_	OUT	11101		Food Identifi	cation	Ť			5					es: properly constructed, supplied, cleaned			ŏ	
38	;	0	Food	i prop	erly labeled; original containe	er; required records available	0	0	1	5	2	<b>o</b>   G	larbag	e/refi	use properly disposed; facilities maintained		0	0	1
		OUT			Prevention of Feed (			-		5	_	O P	hysica	al faci	lities installed, maintained, and clean		0	0	1
36	•	0	Inse	cts, ro	dents, and animals not prese	ent	0	0	2	5	4	0 A	dequa	ste ve	ntilation and lighting; designated areas used	i	0	0	1
37	'	o	Cont	tamina	ation prevented during food p	reparation, storage & display	0	0	1		0	υт			Administrative items				
38	_	-			leanliness	4	0	0	1						nit posted		0	0	0
39	_			_	ths; properly used and store ruits and vegetables	d	- 0	0		P	6 )	<u> </u>	lost re	cent	Compliance Status		O YES		WT
	_	OUT			Proper Use of	Utensils			-						Non-Smokers Protection Ac				
41		0	Uten	sils, e	nsils; properly stored quipment and linens; proper	ly stored, dried, handled	0		1	5	8				with TN Non-Smoker Protection Act ducts offered for sale		X	0	0
4	_	0	Sing	le-use	/single-service articles; prop ed properly	erly stored, used	8	8	1	5	9	If	tobac	co pr	oducts are sold, NSPA survey completed		õ	0	
						ten (40) dave may result in our	_			a secolo		abilitation of	need o	erreis	Repeated violation of an identical risk factor m	er result in reserve	elon -	of unr	r fand
servi		tabli	shmer	st perm	nit. Items identified as constituti	ing imminent health hazards sha	I be com	ected	immed	iately	or op	eration	is shall	l ceas	e. You are required to post the food service esta	blishment permit	in a c	onsp	icuous
repor	τ. Τ.				1 TOO OF 11 TOP OF 10 11 TOO OF	14-709, 68-14-711, 68-14-715, 68-1	4-716, 4-5	-320.		ang i	6	- 19 U	a repo	y	fling a written request with the Commissioner wit	an an (10) days	or the	- Gate	01005
Quintu Borset 05/3:					5/31/2	202 <sup>.</sup>	z			\	$\mathcal{C}$	X		0	5/3	31/2	2023		
						0.		-02	9		د	1		$\mu$		0	0,0		
Sign	atur	e of	Pers	ion In	Charge		)/JI/2		Date	Si	hat	ire of	Envir	JL.	ental Health Specialist	0			Date

PH-2267 (Rev. 6-15)	Free food safety training class	RDA 62		
(192207 (109. 0-10)	Please call (	) 9012229200	to sign-up for a class.	hun des

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



#### Establishment Information

Establishment Name: Popeyes Louisiana Kitchen, Inc., #4989 Establishment Number #: 605192621

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.	Yes
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	Yes
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	Yes
Garage type doors in non-enclosed areas are not completely open.	Yes
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	Yes
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	Yes
Smoking observed where smoking is prohibited by the Act.	No

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Three compartment sink	Quat	300	75					

Equipment Temperature		
Description	Temperature (Fahrenheit)	
Walk in cooler	36	
Walk in freezer	10	

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Ghost pepper wings	Hot Holding	175
Ghost pepper wings	Cooking	180
Shrimp	Hot Holding	155
Chicken strips	Hot Holding	176
Chicken nuggets	Cooking	184
Chicken patties	Hot Holding	156
Spicy chicken patties	Hot Holding	155
Chicken	Cold Holding	40
Raw chicken	Cold Holding	38
Potato smashed	Hot Holding	167

#### Observed Violations

Total # 2

Repeated # 0

48: Hand sink near the drive thru station is not getting hot. Worker fixed the hand sink.

56: Recent inspection was not available.

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



### Establishment Information

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Establishment Number : 605192621

### Comments/Other Observations

1: (IN): ANSI Certified Manager present.

- 2: Employee illness policy is in place.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.

6:

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

- 9:
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) Shell stock not used and parasite destruction not required at this establishment.
- 13: (IN) All raw animal food is separated and protected as required.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.

16:

- 17: (NA) No TCS foods reheated for hot holding.
- 18: This establishment does cool down food.

19:

- 20:
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.

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

"See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

22: (NA) No food held under time as a public health control.

See last page for additional comments.

- 23: (NA) Establishment does not serve animal food that is raw or undercooked.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 26: (IN) All poisonous or toxic items are properly identified, stored, and used.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

1:

2:

3: 4: 5:

5. 6:

7: 58: 1: 2: 3: 4:

Additional Comments

# Establishment Information

Establishment Name: Popeyes Louisiana Kitchen, Inc., #4989 Establishment Number : 605192621

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Popeyes Louisiana Kitchen, Inc., #4989 Establishment Number # 605192621

Sources			
Source Type:	Food	Source:	Performance Food Group
Source Type:		Source:	

## Additional Comments