# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Establish Address City Inspectio Purpose Risk Cate	n Da of In egorj	ite spect y <b>lek f</b>	tion	IT'S TAYLOR MADE DELICIOUS BBC 7499 RICHMOND ROAD Memphis Time in 04/04/2023 Establishment # 60524274. ©Routine O Follow-up O Complaint 01 © 03 ors are food preparation practices and employee ontributing factors in foodborne Illness outbreak FOODBORNE ILLNESS RIS ed compliance status (IK, OUT, IKA, NO) for each support liness	09 1	viora	O Pro O 4 Her	Emba slimin st c st c st th	Al argoe ary ary PU	monty	00 Fo repo	ne or Cor ilow- are	O Temporary O Seasonal at 09:15: AM AM / PM insultation/Other up Required O Yes K No Number of S to the Centers for Disease Control and Prevent control measures to prevent illness or injury.	ieats tion	0	
IN=in co	mpīi	ance		OUT=not in compliance NA=not applicable NO=not observe Compliance Status	d COS	R		\$=∞	recte	d on-s	ite duri	ng ins	pection R=repeat (violation of the same code provisi Compliance Status	on) COS	R	WT
IN	оит	NA	NO	Supervisien					IN	оυт	NA	NO	Cooking and Reheating of Time/Temperature			
1 嵐	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	0	×	Control For Safety (TCS) Foods Proper cooking time and temperatures	0	0	
the second se	OUT	NA	NO	Employee Health Management and food employee awareness; reporting	0			17	0			0	Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and Time as	0	0	•
	0			Proper use of restriction and exclusion	0	0	5		IN	OUT	NA	NO	a Public Health Control			
	OUT O	NA		Good Hygienic Practices Proper eating, tasting, drinking, or tobacco use	0				0	0	X		Proper cooling time and temperature Proper hot holding temperatures	0	8	
5 🐹	0		0	No discharge from eyes, nose, and mouth	ŏ		5	20	25	0	0	-	Proper cold holding temperatures	ŏ	š	5
	001	NA		Preventing Contamination by Hands Hands clean and properly washed	0	0	_	21			26		Proper date marking and disposition		0	
$\rightarrow$	0	0		No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	22		0	NA		Time as a public health control: procedures and records Consumer Advisory	0	9	_
8 🐹	0	NA	115	Handwashing sinks properly supplied and accessible	0	0	2	23		0	12	110	Consumer advisory provided for raw and undercooked	0	0	4
9 🕱	0			Approved Source Food obtained from approved source	0				IN	OUT	NA	NO	food Highly Susceptible Populations		_	
	8	0	8	Food received at proper temperature Food in good condition, safe, and unadulterated	0	0	5	24	0	0	X		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	ουτ	NA	NO	Chemicals			
		NA	NO	Protection from Contamination	-			25	0	0	X		Food additives: approved and properly used	0	0	5
	00	00		Food separated and protected Food-contact surfaces: cleaned and sanitized		0	4	26	<u>実</u> IN		NA	NO	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	-
15 溴		_		Proper disposition of unsafe food, returned food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
				served									nwoor pan			
			Goo	d Retail Practices are preventive measures to co								gens	s, chemicals, and physical objects into foods.			
			00	T=not in compliance COS=corre	GOO						8		R-repeat (violation of the same code provision)			
	0.117	_		Compliance Status		R		É					Compliance Status	COS	R	WT
	OUT		eurize	Safe Food and Water d eggs used where required	0	0	1	4		O F	ood ar	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly designed,	0	0	1
				lice from approved source obtained for specialized processing methods		0		$\vdash$	+	- c			and used		-	·
	OUT			Food Temperature Control	_		_	4	-	-			g facilities, installed, maintained, used, test strips	0	0	1
31	0	Prop		bling methods used; adequate equipment for temperature	0	0	2	4	_	O  ∿ NUT	lonfoo	d-cor	ntact surfaces clean Physical Facilities	0	0	1
				properly cooked for hot holding		0	1	4	8	0 1			water available; adequate pressure	0		2
				thawing methods used eters provided and accurate	0	0	1	4					stalled; proper backflow devices waste water properly disposed	0	0	2
	OUT			Food Identification	_			5	1	-			s: properly constructed, supplied, cleaned		0	1
35		Food	i prop	erly labeled; original container; required records available	0	0	1	5		-	-		use properly disposed; facilities maintained	0	0	1
	OUT	lacar		Prevention of Feed Contamination	_			5	_	-			lities installed, maintained, and clean		2	1
36	-			dents, and animals not present	0	0	2	P	-	-	vaequa	ne ve	ntilation and lighting; designated areas used	0	0	1
37				ation prevented during food preparation, storage & display	0	0	1			TUK			Administrative items			
38				Ieanliness ths: properly used and stored	0	0	1	5	_			-	nit posted inspection posted	0	8	0
40	0		<u> </u>	ruits and vegetables				É		- 1.			Compliance Status	YES		WT
	OUT	In-us	e ute	Proper Use of Utensils nsils; properly stored	0	0	1	5	7	-	Somplia	ance	Non-Smokers Protection Act with TN Non-Smoker Protection Act	25	0	-
42	0	Uten	sils, e	quipment and linens; properly stored, dried, handled /single-service articles; properly stored, used	0	0	1	5		T	obacc	o pro	ducts offered for sale oducts are sold, NSPA survey completed	0	0	0
				ed property		ŏ		Ľ	-			no bu	and the state of the region of the second	-	-	
				tions of risk factor items within ten (10) days may result in suspen nit, items identified as constituting imminent health hazards shall be												
marmer ar	nd po	st the	most	recent inspection report in a conspicuous manner. You have the rig 14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-7	ht to re	eques							· · · · · · · · · · · · · · · · · · ·			
							,		2	$\neq$	- /	Þ		11/0	110	2023
Signature		Pere	l on le	Charge 04/0	γ4/Z	_	Date	6	L	ite of	1-		ental Health Specialist	,4/U	14/Z	Date
ange an an	**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****								2.2.02							

PH-2267 (Rev. 6-15)	Free food safety training cla		nth at the county health department.	RDA 629
	Please call (	) 9012229200	to sign-up for a class.	100 020

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



# Establishment Information Establishment Name: IT'S TAYLOR MADE DELICIOUS BBQ - MOBILE UNIT Establishment Number #: 605242741

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
iarage type doors in non-enclosed areas are not completely open.	
ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	<u> </u>

Warewashing Info									
Machine Name	Sanitizer Type	PPM	PPM Temperature ( Fahrenheit						
3 comp. sink	Bleach								

Equipment l'emperature	
Description	Temperature (Fahrenheit)
Cooler	35
Freezer	12

Food Temperature           Description         State of Food         Temperature ( Fahrenheil							

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



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Establishment Name: IT'S TAYLOR MADE DELICIOUS BBQ - MOBILE UNIT

Establishment Number : 605242741

#### Comments/Other Observations

- (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
   2:
- 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: (N.O.) No food workers present at the time of inspection.
- 6: No workers are present during inspection
- 7: (NO) No food workers present during the inspection.
- 8: (IN): All handsinks are properly equipped and conveniently located for food employee use.
- 9: Sams
- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) 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: No food cooking during inspection
- 17: (NA) No TCS foods reheated for hot holding.
- 18: No food cooling during inspection
- 19: (NO) TCS food is not being held hot during inspection.
- 20: No cold food held during inspection

21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 24 hours.

- 22: (NA) No food held under time as a public health control.
- 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: 58:

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

Additional Comments See last page for additional comments.

## Establishment Information

Establishment Name: IT'S TAYLOR MADE DELICIOUS BBQ - MOBILE UNIT Establishment Number : 605242741

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: IT'S TAYLOR MADE DELICIOUS BBQ - MOBILE UNIT

Establishment Number #: 605242741

Sources							
Source Type:	Food	Source:	Sams				
Source Type:	Water	Source:	City				
Source Type:		Source:					
Source Type:		Source:					
Source Type:		Source:					
Additional Comments							

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