



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

90

Establishment Name Pearl's Oyster™s House Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 299 S. Main St. ☐ Temporary ☐ Seasonal  
City Memphis Time in 12:20 PM AM / PM Time out 01:10 PM AM / PM  
Inspection Date 11/01/2022 Establishment # 605198330 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 92

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=in compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)				
Compliance Status										COS					R					WT									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="radio"/>	<input type="radio"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="radio"/>	<input type="radio"/>	5																	
	IN	OUT	NA	NO	Employee Health																								
2	<input checked="" type="radio"/>	<input type="radio"/>			Management and food employee awareness, reporting					<input type="radio"/>	<input type="radio"/>	5																	
3	<input checked="" type="radio"/>	<input type="radio"/>			Proper use of restriction and exclusion					<input type="radio"/>	<input type="radio"/>																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use					<input type="radio"/>	<input type="radio"/>	5																	
5	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	No discharge from eyes, nose, and mouth					<input type="radio"/>	<input type="radio"/>																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	Hands clean and properly washed					<input type="radio"/>	<input type="radio"/>	5																	
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="radio"/>	<input type="radio"/>																		
8	<input checked="" type="radio"/>	<input type="radio"/>			Handwashing sinks properly supplied and accessible					<input type="radio"/>	<input type="radio"/>	2																	
	IN	OUT	NA	NO	Approved Source																								
9	<input checked="" type="radio"/>	<input type="radio"/>			Food obtained from approved source					<input type="radio"/>	<input type="radio"/>	5																	
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature					<input type="radio"/>	<input type="radio"/>																		
11	<input checked="" type="radio"/>	<input type="radio"/>			Food in good condition, safe, and unadulterated					<input type="radio"/>	<input type="radio"/>	5																	
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction					<input type="radio"/>	<input type="radio"/>																		
	IN	OUT	NA	NO	Protection from Contamination																								
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Food separated and protected					<input type="radio"/>	<input type="radio"/>	4																	
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Food-contact surfaces: cleaned and sanitized					<input type="radio"/>	<input type="radio"/>																		
15	<input checked="" type="radio"/>	<input type="radio"/>			Proper disposition of unsafe food, returned food not re-served					<input type="radio"/>	<input type="radio"/>	2																	

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures					<input type="radio"/>	<input type="radio"/>	5												
17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding					<input type="radio"/>	<input type="radio"/>													
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperature					<input type="radio"/>	<input type="radio"/>	5												
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures					<input type="radio"/>	<input type="radio"/>													
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Proper cold holding temperatures					<input type="radio"/>	<input type="radio"/>	5												
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition					<input type="radio"/>	<input type="radio"/>													
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records					<input type="radio"/>	<input type="radio"/>	4												
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Consumer advisory provided for raw and undercooked food					<input type="radio"/>	<input type="radio"/>	5												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Pasteurized foods used; prohibited foods not offered					<input type="radio"/>	<input type="radio"/>	5												
	IN	OUT	NA	NO	Chemicals																			
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Food additives: approved and properly used					<input type="radio"/>	<input type="radio"/>	5												
26	<input checked="" type="radio"/>	<input type="radio"/>			Toxic substances properly identified, stored, used					<input type="radio"/>	<input type="radio"/>													
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Compliance with variance, specialized process, and HACCP plan					<input type="radio"/>	<input type="radio"/>	5												

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

## GOOD RETAIL PRACTICES

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)					
Compliance Status					COS	R	WT	Compliance Status					COS	R	WT
	OUT	Safe Food and Water							OUT	Utensils and Equipment					
28	<input type="radio"/>	Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>	1	45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source			<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips			<input type="radio"/>	<input type="radio"/>	1
30	<input type="radio"/>	Variance obtained for specialized processing methods			<input type="radio"/>	<input type="radio"/>	1	47	<input type="radio"/>	Nonfood-contact surfaces clean			<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control							OUT	Physical Facilities					
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control			<input type="radio"/>	<input type="radio"/>	2	48	<input type="radio"/>	Hot and cold water available; adequate pressure			<input type="radio"/>	<input type="radio"/>	2
32	<input type="radio"/>	Plant food properly cooked for hot holding			<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed; proper backflow devices			<input type="radio"/>	<input type="radio"/>	2
33	<input checked="" type="radio"/>	Approved thawing methods used			<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed			<input type="radio"/>	<input type="radio"/>	2
34	<input checked="" type="radio"/>	Thermometers provided and accurate			<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned			<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification							OUT	Administrative Items					
35	<input type="radio"/>	Food properly labeled; original container; required records available			<input type="radio"/>	<input type="radio"/>	1	52	<input checked="" type="radio"/>	Garbage/refuse properly disposed; facilities maintained			<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination							OUT	Compliance Status			YES	NO	WT
36	<input type="radio"/>	Insects, rodents, and animals not present			<input type="radio"/>	<input type="radio"/>	2	53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean			<input type="radio"/>	<input type="radio"/>	1
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display			<input type="radio"/>	<input type="radio"/>	1	54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used			<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness			<input type="radio"/>	<input type="radio"/>	1		OUT	Non-Smokers Protection Act					
39	<input checked="" type="radio"/>	Wiping cloths: properly used and stored			<input type="radio"/>	<input type="radio"/>	1	55	<input checked="" type="radio"/>	Current permit posted			<input type="radio"/>	<input type="radio"/>	0
40	<input type="radio"/>	Washing fruits and vegetables			<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted			<input type="radio"/>	<input type="radio"/>	
	OUT	Proper Use of Utensils						Compliance Status					YES	NO	WT
41	<input checked="" type="radio"/>	In-use utensils; properly stored			<input type="radio"/>	<input type="radio"/>	1			Non-Smokers Protection Act					
42	<input checked="" type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled			<input type="radio"/>	<input type="radio"/>	1	57		Compliance with TN Non-Smoker Protection Act			<input checked="" type="radio"/>	<input type="radio"/>	
43	<input checked="" type="radio"/>	Single-use/single-service articles; properly stored, used			<input type="radio"/>	<input type="radio"/>	1	58		Tobacco products offered for sale			<input type="radio"/>	<input checked="" type="radio"/>	0
44	<input type="radio"/>	Gloves used properly			<input type="radio"/>	<input type="radio"/>	1	59		If tobacco products are sold, NSPA survey completed			<input type="radio"/>	<input type="radio"/>	

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge P. G. G. Date 11/01/2022 Signature of Environmental Health Specialist C. M. H. Date 11/01/2022

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

## Establishment Number #: 605198330

## Smoking observed where smoking is prohibited by the Act. No

## 50

## 0

### Description

### State of Food

Temperature ( Fahrenheit)

### Observed Violations

Total # 11

Repeated # 0

- 33: Proper thawing of the meat is under cold running water , and not sitting in water in sink
- 34: Provide thermometers inside reach in freezers , etc
- 37: Keep the tea covered in kitchen area , keep the bag of sugar stored off the floor
- 39: Keep wet cloths stored in sanitizer water
- 41: Keep the ice scoop handle up inside the ice bin in kitchen
- 42: Keep the pots and pans stacked right side down , and off the floor , etc
- 43: Keep the small to go plates stacked right side down in waitress area
- 45: Replace the cutting boards , too many grooves in them
- 52: Keep the lids to the dumpster closed
- 53: Clean the floors , walls , and ceiling in kitchen and the walk in cooler , remove ice from the walk in freezer floor , etc clean the cooking equipment , ventahood , etc
- 55: Please post new permit

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Pearl's Oyster's House

Establishment Number : 605198330

**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: Pearl's Oyster's House

Establishment Number : 605198330

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

<b>Establishment Information</b>	
Establishment Name:	Pearl's Oyster's House
Establishment Number #:	605198330

**Sources**

Source Type:	Food	Source:	Ben E Keith , sysco ,Off the Dock
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

**Additional Comments**

2022 permit posted , please post new permit , left safe food donation leaflet , etc