TENNESSEE DEPARTMENT OF HEALTH

					FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								ON REPORT	SCORE					
Establishment Name		ne ,	The Mighty Olive Type of Establishment O Mobile							10)						
Add	iress				4615 Poplar Ave.										O Temporary O Seasonal				
City					Memphis	Time in	10):4	<u>0</u>	M	A	M/P	M Ti	me o	ut <u>11:15</u> : <u>АМ</u> ам/рм				
Insp	ectic	n Da	te	(08/17/2021 Establ	ishment # 60523009	9		_	Embe	irgoe	d ()						
Pur	pose	of In	spect		Routine O Follow-				- O Pro) Co	nsuitation/Other				
Risi	c Cat	egon	,		O1 102	03			04		-		Fe	law	up Required O Yes 🕱 No	Number of S	eats.		
	1.0.01		isk i	acto	ors are food preparation pr	actices and employee		vior	8 mo				y repo	orte	to the Centers for Disease Contr	ol and Prevent		_	
				as c			_								control measures to prevent illne	ss or injury.			
		(He	rk de	algnat		ODBORNE ILLNESS RI A, HO) for each numbered from									INTERVENTIONS ach llom as applicable. Deduct points for ce	ategory or subcate	gory.)		
IN	⊧in c	ompili	snoe		OUT=not in compliance NA=not a Compliance Sta	applicable NO=not observe				S=00	recte	d on-i	site duri	ing int	spection R=repeat (violation of the				
	IN	оит	NA	NO	Compliance Sta Supervis		cos	R	WT						Compliance Status Cooking and Reheating of Time/T		cos	R	WT
1	展	0			Person in charge present, demo		0	0	5		IN	001		NO	Control For Safety (TCS) F				
-			NA	NO	performs duties Employee	Health	-		-		00				Proper cooking time and temperatures Proper reheating procedures for hot holdi	na	0	8	5
	X	0			Management and food employee			0	5	-	IN	001		NO	Cooling and Holding, Date Marking,	-	-	- 1	
3	8	0			Proper use of restriction and exc		0	0	Ť						a Public Health Contro	н	_	_	
4	X	0	NA		Good Hygienic Proper eating, tasting, drinking, d		0	0	5	19	0	0	曼	_	Proper cooling time and temperature Proper hot holding temperatures		0	0	
5	X	0	NA		No discharge from eyes, nose, a Preventing Centami		0	Ō	<u> </u>	20 21				0	Proper cold holding temperatures Proper date marking and disposition		8	8	5
6	12	0	1.0-1	0	Hands clean and properly washe	ed	0	0		22		ŏ			Time as a public health control: procedure	es and records	ŏ	ō	
7	腻	0	0	0	No bare hand contact with ready alternate procedures followed	/-to-eat foods or approved	0	0	°		IN	OUT	r NA		, , , , , , , , , , , , , , , , , , , ,		-	-	
8	XX IN	ᇞ	NA	NO	Handwashing sinks properly sup Approved 1	plied and accessible	0	0	2	23	0	0	麗		Consumer advisory provided for raw and food	undercooked	0	0	4
9	嵩	0			Food obtained from approved so	ource	0				IN	OUT	r na	NO	Highly Susceptible Populat	tions		_	
	0		0	×	Food received at proper tempera Food in good condition, safe, an		8	0	5	24	鬣	0	0		Pasteurized foods used; prohibited foods	not offered	0	0	5
	0	0	×	0	Required records available: shell destruction	l stock tags, parasite	0	0			IN	ουτ	r na	NO	Chemicals				
43			NA O	_	Protection from C	ontamination	~			25	0	<u>s</u>	X		Food additives: approved and properly us		0	읽	5
	욼	ð			Food separated and protected Food-contact surfaces: cleaned	and sanitized	ŏ	ŏ	5	20	IN	-	r na		Toxic substances properly identified, store Conformance with Approved Pr		-	-	
15	篾	0			Proper disposition of unsafe foo served	d, returned food not re-	0	0	2	27	0	0	8		Compliance with variance, specialized pro HACCP plan	ocess, and	0	0	5
	_	_		_						-		-		_			_		_
				Goo	d Retail Practices are pre-	ventive measures to co						_		gen	s, chemicals, and physical objects	into foods.			
				00	not in compliance	COS=corre			au . during				80		R-repeat (violation of the same	e code provision)			
	_	OUT			Compliance Stat		COS	R	WT	É		UT			Compliance Status Utensils and Equipment		COS	R	WT
	8	0			d eggs used where required		0	0	1	4		0			infood-contact surfaces cleanable, properly	y designed,	0	0	1
	9 10				ice from approved source btained for specialized processing		8	0	2	4		. 1			and used g facilities, installed, maintained, used, tes	t etrice	0	0	
_	_	ουτ	Droo	or 000	Food Temperature C ling methods used; adequate eq					4		-			ntact surfaces clean	k aniha	0	0	1
3	11	~	contr	ol		apment for temperature	0	0	2	F	_	UT	4011100	0.00	Physical Facilities				
_	2				properly cooked for hot holding hawing methods used		8	0	1	4					f water available; adequate pressure stalled; proper backflow devices		8	8	2
	4	0			ters provided and accurate		ō	ŏ	1	5	0 (0	Sewag	e and	waste water properly disposed		0	0	2
-		OUT			Food Identificat		-		-	-	_	_			es: properly constructed, supplied, cleaned		0	0	1
3	5	O OUT	Food	prop	erly labeled; original container; re Prevention of Feed Cont		0	0	1	5		-	-	·	use properly disposed; facilities maintained lities installed, maintained, and clean	-	0	0	1
3	6	-	Insec	ts. ro	dents, and animals not present	Laminación	0	0	2	5	_	-			intes installed, maintained, and clean intilation and lighting; designated areas use	ed	0	0	1
	7	-			tion prevented during food prepa	uration storage & diretau	0	0	1	F	+-	UT	1-2		Administrative items		-	-	-
	8	_			leanliness	nouvil, avriage a display	0	0	1	5		_	Cumert	toer	nit posted		0	0	
3	9	Ó	Wipir	ng clo	ths; properly used and stored		0	0	1	_					inspection posted		0	0	0
4	0	0 OUT	Was	hing fr	uits and vegetables Proper Use of Ute	asila	0	0	1	\vdash					Compliance Status Non-Smokers Protection A	let	YES	NO	WT
_	1	0			isils; properly stored			8	1	5	7				with TN Non-Smoker Protection Act ducts offered for sale		ह्य	읭	0
	2	8	Singl	e-use	quipment and linens; properly sto /single-service articles; properly	stored, used	0	8		5	9				oducts offered for sale oducts are sold, NSPA survey completed		0	8	0

ns 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 foo constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuou vs of risk factor ite d as c port 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 144-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. nd post the n on report in a const C.

0 0 1

08/17/2021

10

O Gloves used properly

Date Signature of Environmental Health Specialist

08/17/2021

Signature	of	Person	In	Charge	
-----------	----	--------	----	--------	--

44

AN THE REAL

_	-	-	-	-	-
	r	٦	-		
	L	J	а	υ	e

٦

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

PH-2267 (Rev. 6-15)	Free food safety training class	RDA 629		
	Please call () 9012229200	to sign-up for a class.	nur des

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: The Mighty Olive Establishment Number # 605230099

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.	Yes
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)						
3 compartment sink	Autochlor	100							

Equipment l'emperature	
Description	Temperature (Fahrenheit)
Cooler	39

Description	State of Food	Temperature (Fahrenheit

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: The Mighty Olive Establishment Number: 605230099

Comments/Other Observations	
· · · · · · · · · · · · · · · · · · ·	
· ·	
**See page at the end of this document for any violations that could not b	

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: The Mighty Olive

Establishment Number: 605230099

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: The Mighty Olive Establishment Number #. 605230099

Sources				
Source Type:	Food	Source:	Estes	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments