

Purpose of Inspection

**E**Routine

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit HUEY'S(BAR) Remanent O Mobile Establishment Name Type of Establishment 8570 HWY 51 N O Temporary O Seasonal Address Millington Time in 08:35 AM AM / PM Time out 08:55; AM AM / PM 10/27/2021 Establishment # 605256145 Embargoed 000 Inspection Date

O Complaint

Number of Seats 0 Risk Category О3 04 Follow-up Required 级 Yes O No

O Preliminary

O Consultation/Other

#### RNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

117	¥=in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	d		0
Compliance Status							R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	Management and food employee awareness; reporting		0	0	_			
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	300	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	鼷	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	8 X O			Handwashing sinks properly supplied and accessible	0	0	2	
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	0	0	窳		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	涎	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

O Follow-up

	Compliance Status						R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	寒	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	X	0	Proper cooling time and temperature	0	0	
19	0	0	文	0	Proper hot holding temperatures	0	0	1
20	243	0	0		Proper cold holding temperatures	0	0	5
21	0	0	380	0	Proper date marking and disposition	0	0	ľ
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	×	0	0		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	氮	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	<b>X</b>	0			Toxic substances properly identified, stored, used	0	0	°
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

### s, chemicals, and physical objects into foods.

		OUT=not in compliance COS=con	ected or	1-6/50	άı
		Compliance Status	COS		_
	OUT	Safe Food and Water		_	_
28	0	Pasteurized eggs used where required	0	0	г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	<u> </u>
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	_
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

spect	ion	R-repeat (violation of the same code provision	)			
	cos	R	WT			
	OUT Utensils and Equipment					
45	0	Food and norfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1	
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1	
47	0	Nonfood-contact surfaces clean	0	0	1	
	OUT	Physical Facilities				
48	0	Hot and cold water available; adequate pressure	0	0	2	
49	0	Plumbing installed; proper backflow devices	0	0	2	
50	0	Sewage and waste water properly disposed	0	0	2	
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1	
53	0	Physical facilities installed, maintained, and clean	0	0	1	
54	0	Adequate ventilation and lighting; designated areas used	0	0	1	
	OUT	Administrative Items	Т			
55	臭	Current permit posted	0	0	0	
56	0	Most recent inspection posted	0	0	۰	
		Compliance Status	YES	NO	WT	
Non-Smokers Protection Act						
57		Compliance with TN Non-Smoker Protection Act	- X	0		
58		Tobacco products offered for sale	0	0	0	
59		If tobacco products are sold, NSPA survey completed	0	0		

conspicuous manner. You have the right to request a l 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of the

10/27/2021 ature of Person In Charge Date

10/27/2021

Date

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

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629 ) 9012229200 Please call ( to sign-up for a class.

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



TOOD INST ECTION DATA	CER
Establishment Information	
Establishment Name: HUEY'S(BAR)	
Establishment Number ≠: [605256145	
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.	Т
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	$\top$
"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.	$\top$
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	1
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	$\top$
Smoking observed where smoking is prohibited by the Act.	$\top$
Warewashing Info	

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)					
Auto Chlor	Chlorine							

Equipment Temperature							
Description	Temperature (Fahrenheit)						
Cooler	38						

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit

Observed Violations							
Total #							
Repeated # ()							
55: Obtain and post yearly permit.							
""See page at the end of this document for any violations that could not be displayed in this space.							

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



## Establishment Information

Establishment Name: HUEY'S(BAR)
Establishment Number: 605256145

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): An employee health policy is available.
- 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: (NO) No workers 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: Sysco
- 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: Cold foods held at proper temp.
- 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: Consumer advisor is on menu.
- 24: Dairy obtain from approved source
- 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:

## Additional Comments

See last page for additional comments.

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

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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last page for additional comments.	

Establishment Information

Establishment Information								
Establishment Name: HUEY'S(BAR)								
Establishment Number #:	605256145			T.				
Sources								
Source Type:	Food	Source:	Sysco					
Source Type:	Water	Source:	City					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Commen	ts							