# **TENNESSEE DEPARTMENT OF HEALTH**

						FOOD SERV	ICE ESTA	BL	ISH	IME	IN	T II	NS	PEC	TIO	ON REPORT	SCO	RE		
10			S. C.																	
Est	ablish	nmen	t Nar	ne	Sonic							Tur	no of	Establ	iehme	Farmer's Market Food Unit     Ø Permanent O Mobile	9		1	
Address 4130 Kirby Pkwy							i yş	pe or	CSLOU	STITLE	O Temporary O Seasonal									
City Memphis Time in			09	9:3	0 A	M	A	M/P	мті	me ou	ut 09:40; AM AM / PM									
Inspection Date 08/26/2021 Establishment # 605071523								_	d C											
			spect		ORoutine	Follow-up	O Complaint			O Pro			-		0.00	nsultation/Other		_		
	k Cat				01	第2	03			04						up Required O Yes 🕱 No	Number of S	aate	0	
Ruse	K CBI	-	isk I		ors are food pre	paration practices	and employee		vior	8 mo				y rep	ortec	to the Centers for Disease Contr	ol and Prevent		-	
				85 (	ontributing fact					_						control measures to prevent illne	ss 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=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 Compliance Status COS R WT																			
	IN	OUT	NA	NO	Com	Supervision		000	-		F	IN	0.0	NA	NO	Cooking and Reheating of Time/T		000	~	
1	8	0				present, demonstrates k	nowledge, and	0	0	5	16	0	0			Control For Safety (TCS) F Proper cooking time and temperatures	oods	0		
	IN		NA	NO	performs duties	Employee Health						8	lõ	×		Proper reheating procedures for hot holdi	ng	ő	00	5
	X	0				food employee awarene riction and exclusion	ess; reporting	0	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking,				
-		-	NA	NO		od Hygienic Practice		Ľ		_	18	0	6	32	0	a Public Health Contro Proper cooling time and temperature	4	0	o	
4	200	0		0	Proper eating, tast	ing, drinking, or tobacco	o use	0	0	5	19	ō	0	õ	_	Proper hot holding temperatures		0	0	
5	义 IN	0	NA			eyes, nose, and mouth ing Contamination b		0	0	-	20 21	12	8		23	Proper cold holding temperatures Proper date marking and disposition		00	8	5
6	黛	0			Hands clean and p	properly washed		0	0		22	_	ō	X		Time as a public health control: procedure	is and records	0	ō	
7	<b></b>	0	0	0	No bare hand cont alternate procedure	act with ready-to-eat fo es followed	ods or approved	0	0	°		IN	OUT		NO	Consumer Advisory		_	_	
8	X	<u>о</u>	NA	NO	Handwashing sink	s properly supplied and Approved Source	accessible	0	0	2	23	0	0	麗		Consumer advisory provided for raw and food	undercooked	0	0	4
	嵩	0			Food obtained from	n approved source			0			IN	OUT	NA	NO	Highly Susceptible Populat	tions			
10 11	0	00	0	8	Food received at p Food in good cond	voper temperature ition, safe, and unadult	erated	8	8	5	24	鬣	0	0		Pasteurized foods used; prohibited foods	not offered	0	0	5
12	_	ō	×	0		available: shell stock tag		ō	ō			IN	OUT	NA	NO	Chemicals			_	
H	IN	OUT	NA	NO	Protec	ction from Contamin	ation				25	0	0	28		Food additives: approved and properly us	ed	0	0	5
	夏	0			Food separated an Ecod-contact surfa	id protected ices: cleaned and saniti	zed	8	0	4	26	<u>実</u> IN	0	NA	NO	Toxic substances properly identified, store Conformance with Approved Pr		0	0	÷
	<del>x</del>	ō	-	1	Proper disposition	of unsafe food, returned		ŏ	ō	2	27	-	0	8	110	Compliance with variance, specialized pro		0	0	5
	~	•			served			-	-	-		-	1-	1~		HACCP plan		-	-	-
				God	d Retail Practic	es are preventive	measures to co	ontro	l the	intr	oduc	tion	of	atho	gens	, chemicals, and physical objects	into foods.			
										аr/\				3						
				00	T=not in compliance Comp	liance Status	COS=corre		R		inspe	sction				R-repeat (violation of the same Compliance Status		COS	R	WT
	8	OUT	Dect	auria	Safe I ed eggs used where	Food and Water		_	0	4			NUT (	land a	ad ee	Utensils and Equipment infood-contact surfaces cleanable, properly	deciment			
2	9	0	Wate	er and	lice from approved	source		0	0	2	4	5				and used	y designed,	0	0	1
3	0	0 00T		ince		ized processing method mperature Control	5	0	0	1	4	6	o	Narew	ashin	g facilities, installed, maintained, used, tes	t strips	ο	0	1
3	и	0			oling methods used	; adequate equipment f	or temperature	0	0	2	4	_	-	Vonfoo	d-cor	tact surfaces clean		0	0	1
	2	-	contr Plant		property cooked for	r hot holding			0			_	O P	tot an	1 cold	Physical Facilities water available; adequate pressure		0	0	2
3	3	0	Appr	oved	thawing methods u	sed		0	0	1	4	9	ŌF	Numbi	ng ins	stalled; proper backflow devices		0	0	2
3	4	0 OUT	Ther	mom	eters provided and a	accurate		0	0	1			-			waste water properly disposed es: properly constructed, supplied, cleaned		0	0	2
3	5		Food	i pror		I container; required re	cords available	0	0	1	5	_				use properly disposed; facilities maintained		0	0	1
		OUT				of Food Contaminatio		-	-	-			-		·	lities installed, maintained, and clean	-	0	0	1
3	6	0	Insec	cts, ro	dents, and animals	not present		0	0	2	5	-+-				ntilation and lighting; designated areas use	ed	0	0	1
3	17	0	Cont	amin	ation prevented duri	ing food preparation, st	orage & display	0	0	1		6	лυτ			Administrative items				
3	8				cleanliness	-		0	0	1	5	5	0	Durrient	t pern	nit posted		0	o	
- 3	9	Ó	Wipi	ng ck	oths; properly used a			0	0	1		_				inspection posted		0	0	0
-	0	O OUT	_	ningt	ruits and vegetable Proper	s Use of Utensils		0	0	1						Compliance Status Non-Smokers Protection A		YES	NO	WT
	1	0	In-us		nsils; properly store	d	d handlad			1	5					with TN Non-Smoker Protection Act		×	읭	
4	2	0	Sing	e-use	single-service artic	is; properly stored, dried cles; properly stored, us		0	0	1	5	8 9				ducts offered for sale oducts are sold, NSPA survey completed		0		0
4	4				ed properly				0											
																Repeated violation of an identical risk factor r e. You are required to post the food service es				
man	ner ar	nd po	st the	most	recent inspection rep		ner. You have the rig	the to r	eques							lling a written request with the Commissioner v				
	$\not\!$	5	7	J		$\rightarrow$				1			a	-		/	~			0004
	ى	7	ž	5	~~~		08/2	20/2	_		-				X	and Lingth Constants		10/2	.0/2	2021
SIG	natur	e of	rers	on In	Charge				(	Date	- 51	gnat.	ne ol	EIIVII	onme	ental Health Specialist				Date

9	5	سلكم	F	$\sim$	رو
Signature	of	Person	In	Charge	

08/26/2021
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ture of Person In Charge

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

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

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



#### Establishment Information

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Establishment Name: Sonic Establishment Number # 605071523

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.	
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)							

Equipment Temperature	
Description	Temperature (Fahrenheit)
	· · · · · · · · · · · · · · · · · · ·

esoription	State of Food	Temperature (Fahrenheit)		

Observed Violations
Total # 1 Repeated # 0
Repeated # 0
53:

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### Establishment Information

Establishment Name: Sonic

Establishment Number : 605071523

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: Sonic

Establishment Number: 605071523

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

#### Additional Comments