TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Sec. | and the second | 714 | | | | | | | | | | | | | | | | | |
|--|----------------|----------|------------------------|---------|---|--|-----------------------|------------------------|--|------------|---------|----------|-----------|---|--------|---|----------|----------|---------|
| Establishment Name Address | | | BLUFF CITY CRAB | | | | | | Fermer's Merket Food Unit Type of Establishment Ø Permanent O Mobile | | | | | | | | | | |
| | | | 3705 MALCO WAY STE 102 | | | | | O Temporary O Seasonal | | | | | | | / | | | | |
| City | | | Memphis | | Time in | 03 | 3:1 | 5 F | M | AJ | / / PI | и Тir | ne o | ut 04:00: PM AM / PM | | | | | |
| Ins | pecti | on Da | ite | | 10/28/20 | 021 Establishment # | | | | | | | | | | | | | |
| | | | spect | | 鼠Routine | O Follow-up | O Complaint | | | O Pre | | | - | - | Cor | nsultation/Other | | | |
| Ris | k Cal | tegor | v | | 01 | \$E2 | 03 | | | O 4 | | - | | Fo | ilow- | up Required O Yes 🕄 No Number of | Seats | 30 |) |
| | | | isk I | | | | | | | | | | | repo | rtec | to the Centers for Disease Control and Preve control measures to prevent illness or injury. | ntion | | |
| | | | | as c | ontributing fa | | | | | | | | | | | INTERVENTIONS | | | |
| | | (# | urik de | algnat | ted compliance st | | | | | | | | | | | ach item as applicable. Deduct points for category or subc | tegory. | 9 | |
| IN-in compliance OUT=not in compliance NA=not applicable NO=not obser Compliance Status | | | | | NO=not observe | | R | | \$=cor | recte | d on-si | ite duri | ng ins | spection R=repeat (violation of the same code prov Compliance Status | | R | WT | | |
| | IN | OUT | NA | NO | | Supervision | | | | | | IN | оυт | NA | NO | Cooking and Reheating of Time/Temperature | | | |
| 1 | 鬣 | 0 | | | Person in charg performs duties | e present, demonstrates k | nowledge, and | 0 | 0 | 5 | 16 | 0 | 0 | 0 | * | Control For Safety (TCS) Foods Proper cooking time and temperatures | 0 | ы | |
| 2 | | OUT | NA | NO | | Employee Health d food employee awarene | ess: reporting | 0 | TOT | | | | 0 | | | Proper reheating procedures for hot holding | _ | 8 | °. |
| 3 | × | | | | | striction and exclusion | ioo, reporting | ŏ | ŏ | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | ' | | |
| | IN | OUT | NA | | | Bood Hygienic Practice | | | | | | 0 | 0 | | | Proper cooling time and temperature | 0 | 0 | |
| 4 | 滅滅 | 8 | | | | asting, drinking, or tobacco om eyes, nose, and mouth | | 0 | 8 | 5 | | 22 | 0 | 0 | 0 | Proper hot holding temperatures Proper cold holding temperatures | 8 | 000 | |
| 6 | IN XX | | NA | | | nting Contamination b d properly washed | y Hands | 0 | 0 | | | 0 | | | | Proper date marking and disposition | 0 | | ľ |
| 7 | × | | 0 | | | ontact with ready-to-eat fo | ods or approved | 0 | ō | 5 | 22 | | 0 | NA | | Time as a public health control: procedures and records Consumer Advisory | 0 | 0 | |
| 8 | × | 0 | NA | LIN. | | nks properly supplied and | accessible | 0 | 0 | 2 | 23 | 0 | 0 | 12 | no | Consumer advisory provided for raw and undercooked | 0 | 0 | 4 |
| 9 | 黨 | 0 | NA | | | Approved Source rom approved source | | | 0 | | | IN | OUT | NA | NO | food Highly Susceptible Populations | | | |
| | 0 X | | 0 | × | | t proper temperature indition, safe, and unadult | erated | 8 | 0 | 5 | 24 | X | 0 | 0 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| 12 | _ | 0 | × | 0 | Required record destruction | is available: shell stock tag | gs, parasite | 0 | 0 | | | IN | OUT | NA | NO | Chemicals | | <u> </u> | _ |
| 13 | IN (X) | | NA | NO | | and protected | ation | 0 | | | 25 | 0 | 0 | X | | Food additives: approved and properly used Toxic substances properly identified, stored, used | 0 | 0 | 5 |
| 14 | X | ŏ | ŏ | | Food-contact su | rfaces: cleaned and sanit | | ŏ | ŏ | | _ | | OUT | NA | NO | Conformance with Approved Procedures | Ľ | | |
| 15 | X | 0 | | | Proper disposition served | on of unsafe food, returned | d food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |
| | | | | Goo | d Retail Prac | tices are preventive | measures to co | ntro | l the | intre | duc | tion | of a | atho | oens | , chemicals, and physical objects into foods. | | | |
| | | | | | | | | | | et Al | | | - | | | | | | |
| | | | | 00 | Tenot in complianc | e mpliance Status | COS=corre | cted o | | during | | | | | | R-repeat (violation of the same code provision) Compliance Status | Icos | | WT |
| | | OUT | _ | | Saf | e Food and Water | | | · · · | | | 0 | υτ | | | Utensils and Equipment | | 1~1 | |
| _ | 28 29 | 0 | Wate | er and | ed eggs used whe lice from approv | ed source | | 0 | | 2 | 4 | 5 (| | | | infood-contact surfaces cleanable, properly designed, and used | 0 | 0 | 1 |
| ; | 90 | O OUT | | ince c | | ialized processing method Temperature Control | 5 | 0 | 0 | 1 | 4 | 5 0 | o v | Varews | ashin | g facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| ; | и | 0 | Prop | | oling methods us | ed; adequate equipment f | or temperature | 0 | 0 | 2 | 47 | _ | O N UT | lonfoo | d-cor | ntact surfaces clean Physical Facilities | 0 | 0 | 1 |
| - | 32 | | Plant | t food | properly cooked | | | 0 | 0 | | 48 | 5 0 | ΟH | | | f water available; adequate pressure | 0 | | 2 |
| | 33 14 | | | | thawing methods eters provided an | | | 0 | 0 | 1 | 49 | _ | _ | | | stalled; proper backflow devices | 0 | 0 | 2 |
| | | OUT | | | | od identification | | | | | 51 | _ | - | | | es: properly constructed, supplied, cleaned | ŏ | 0 | 1 |
| ; | 35 | | | i prop | | inal container; required re- | | 0 | 0 | 1 | 53 | | | - | | use properly disposed; facilities maintained | 0 | 0 | 1 |
| | 6 | OUT | _ | ts ro | dents, and anim | n of Food Contamination als not present | on | 0 | 0 | 2 | 5 | _ | - | | | lities installed, maintained, and clean entilation and lighting; designated areas used | 0 | 0 | 1 |
| | 97 | - | - | - | - | during food preparation, st | orage & display | 0 | 0 | 1 | F | +- | UT | | | Administrative Items | + | | |
| | 38 | | | | leanliness | uning lood preparation, se | orage o disbray | 0 | 0 | - | 54 | | _ | ument | Deco | nit posted | 0 | 0 | |
| - | 39 | Ó | Wipi | ng clo | ths; properly use | | | 0 | 0 | 1 | | | _ | | - | inspection posted | 0 | 0 | 0 |
| - | 10 | OUT | | hing fi | ruits and vegetat Prop | cies oor Use of Utensils | | 0 | 0 | 1 | | | | | | Compliance Status Non-Smokers Protection Act | YES | NO | WT |
| _ | 11 | | | | nsils; properly sto outprent and lin | ored ens; properly stored, dried | 1 bandled | 8 | 8 | | 5 | | | | | with TN Non-Smoker Protection Act ducts offered for sale | 8 | 8 | 0 |
| - | 13 | 0 | Singl | e-use | stangle-service a ed properly | rticles; properly stored, us | led | 0 | | 1 | 55 | | | | | oducts are sold, NSPA survey completed | ŏ | | Ĺ |
| | | | - | | | r items within ten (10) dawn - | nay result in susper- | | | | tente | | blishe | nent or | ermit. | Repeated violation of an identical risk factor may result in rev | cation | of we | ur food |
| ser | ice e | stablis | shmen | t perm | nit. Items identified | as constituting imminent he | with hazards shall b | e corre | cted i | mmedi | ately (| or ope | ration | is shall | ceas | e. You are required to post the food service establishment pen filing a written request with the Commissioner within ten (10) da | nit in a | consp | icuous |
| | | | | | | 18-14-708, 68-14-709, 68-14-71 | | | | | | | | _ | | 1 | | | |
| | 10/ | | | | 212 | 021 | | | | | | 10/2 | 28/2 | 2021 | | | | | |
| 100 | _ | _ | _ | | | | | _0/2 | .021 | L | | | | • | Ĥ | 2 | 10/2 | | |
| Sig | natu | re of | Pers | on In | Charge | | | | (| Date | | | | | | ental Health Specialist | 10/2 | | Date |

| PH-2267 (Rev. 6-15) | Free food safety training cla | RDA 625 | | |
|---------------------|-------------------------------|--------------|-------------------------|---------|
| (nev. 0-15) | Please call (|) 9012229200 | to sign-up for a class. | nor oza |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | | | | | | |
|---------------------------|---------------|--|--|--|--|--|
| Establishment Name: BL | UFF CITY CRAB | | | | | |
| Establishment Number #: | 605256861 | | | | | |

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| Warewashing Info | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | |
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| Equipment Temperature | |
|-----------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
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| Food Temperature | | | | | | |
|------------------|---------------|--------------------------|--|--|--|--|
| Description | State of Food | Temperature (Fahrenheit | | | | |
| Sausage | Hot Holding | 140 | | | | |
| Shrimp | Cold Holding | 41 | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: BLUFF CITY CRAB Establishment Number : 605256861

| 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: BLUFF CITY CRAB

Establishment Number : 605256861

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: BLUFF CITY CRAB Establishment Number #: 605256861

| Sources | | | | |
|--------------|------|---------|-------|--|
| Source Type: | Food | Source: | GFS | |
| Source Type: | Food | Source: | Sysco | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |

Additional Comments