



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

82

Establishment Name Dixie Queen Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 1472 E. Shelby Dr. ☐ Temporary ☐ Seasonal  
City Memphis Time in 03:15 PM AM / PM Time out 04:00 PM AM / PM  
Inspection Date 02/27/2024 Establishment # 605197621 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 36

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

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures					<input type="checkbox"/>	<input type="checkbox"/>	5												
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding					<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperature					<input type="checkbox"/>	<input type="checkbox"/>	5												
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>													
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cold holding temperatures					<input type="checkbox"/>	<input type="checkbox"/>													
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition					<input type="checkbox"/>	<input type="checkbox"/>													
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records					<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consumer advisory provided for raw and undercooked food					<input type="checkbox"/>	<input type="checkbox"/>	4												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pasteurized foods used; prohibited foods not offered					<input type="checkbox"/>	<input type="checkbox"/>	5												
	IN	OUT	NA	NO	Chemicals																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>	5												
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Toxic substances properly identified, stored, used					<input type="checkbox"/>	<input type="checkbox"/>													
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance with variance, specialized process, and HACCP plan					<input type="checkbox"/>	<input type="checkbox"/>	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
Safe Food and Water					Utensils and Equipment										
28	○	Pasteurized eggs used where required	○	○	1	45	○	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	○	○	1				
29	○	Water and ice from approved source	○	○	2	46	○	Warewashing facilities, installed, maintained, used, test strips	○	○	1				
30	○	Variance obtained for specialized processing methods	○	○	1	47	○	Nonfood-contact surfaces clean	○	○	1				
Food Temperature Control					Physical Facilities										
31	○	Proper cooling methods used; adequate equipment for temperature control	○	○	2	48	○	Hot and cold water available; adequate pressure	○	○	2				
32	○	Plant food properly cooked for hot holding	○	○	1	49	○	Plumbing installed; proper backflow devices	○	○	2				
33	○	Approved thawing methods used	○	○	1	50	○	Sewage and waste water properly disposed	○	○	2				
34	☒	Thermometers provided and accurate	○	○	1	51	☒	Toilet facilities: properly constructed, supplied, cleaned	○	○	1				
Food Identification					Administrative Items										
35	☒	Food properly labeled; original container; required records available	○	○	1	52	○	Garbage/refuse properly disposed; facilities maintained	○	○	1				
Prevention of Food Contamination															
36	○	Insects, rodents, and animals not present	○	○	2	53	☒	Physical facilities installed, maintained, and clean	○	○	1				
37	○	Contamination prevented during food preparation, storage & display	○	○	1	54	○	Adequate ventilation and lighting; designated areas used	○	○	1				
38	☒	Personal cleanliness	○	○	1										
39	☒	Wiping cloths: properly used and stored	○	○	1	55	☒	Current permit posted	○	○	0				
40	○	Washing fruits and vegetables	○	○	1	56	☒	Most recent inspection posted	○	○					
Proper Use of Utensils					Compliance Status					YES	NO	WT			
41	○	In-use utensils; properly stored	○	○	1	Non-Smokers Protection Act									
42	○	Utensils, equipment and linens; properly stored, dried, handled	○	○	1	57		Compliance with TN Non-Smoker Protection Act	○	○	0				
43	○	Single-use/single-service articles; properly stored, used	○	○	1	58		Tobacco products offered for sale	○	○					
44	○	Gloves used properly	○	○	1	59		If tobacco products are sold, NSPA survey completed	○	○					

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



**Establishment Information**

Establishment Name: Dixie Queen  
Establishment Number #: 605197621

**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)

**Food Temperature**

Description	State of Food	Temperature ( Fahrenheit)

## Observed Violations

Total # 11

Repeated # 0

8: Violation not corrected  
No hand soap at hand sink  
14: Violation not corrected  
Cutting board on prep cooler excessively worn  
21: Violation not corrected  
Date marking on TCS foods in walk cooler  
34: No thermometer observed in walk in cooler  
35: No labels on food containers in walk in cooler  
38: Male employee not wearing beard guard while prepping food  
39: Wiping cloths improperly stored in hand sink, on prep cooler  
51: Restroom not clean  
53: Floor, cooking equipment, and walls not clean  
55: Current permit not posted  
56: Current inspection not posted

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***Establishment Information***

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***Comments/Other Observations***

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

***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: Dixie Queen

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)**

***See last page for additional comments.***

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**Sources**

Source Type: Source:

Source Type: Source:

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**Additional Comments**

Violations not corrected, Follow up within 5 days

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