## **TENNESSEE DEPARTMENT OF HEALTH** FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

- 65L ~		K7	* 15E							••••										
		A.	A. C. A.																7	
Estab	lishr	nent	t Nan		THE CHICK	(EN COOP - F	D-SRV							Establ	Le là sec s	Farmer's Market Food Unit     Permanent O Mobile	9		7	
Addre	55				6665 Winch	ester Road							ype or	f Establ	isnme	O Temporary O Seasonal				
City					Memphis		Time in	11	L:1	0 /	٩N	1,	AM / F	РМ Т	ime o	ut 11:30:AM AM/PM				
Inspe	tion	Dat	te		01/14/202	22 Establishment #							ed							
Purpo					Routine	O Follow-up	O Complaint			-		inary			Cor	nsuitation/Other				
Risk	ate	aon	,		01	8822	03			04				F	ollow-	up Required O Yes 🕱 No	Number of §	Seats	22	
			isk F											ly rep	ortec	to the Centers for Disease Cont control measures to prevent illu	rol and Preven	tion	_	
				45 0	outripating race				_				_		_	INTERVENTIONS	nas or injury.			
		(111	rk der	lgnet		us (IN, OUT, NA, NO) for	each numbered Iten	n. For		mili	food (	оот, 1	mark (	COS or I	t for e	ach item as applicable. Deduct points for				
IN=i	n car	npile	noe			nce NA=not applicable pliance Status	NO=not observe		R			correct	ted on	-site dur	ring ins	spection R=repeat (violation of th Compliance Status	e same code provis		R	WT
1	N O	UT	NA	NO		Supervision					1 [	IN	1 00	T NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS)			_	
18	_	0			Person in charge p performs duties	present, demonstrates k	mowledge, and	0	0	5						Proper cooking time and temperatures		0	0	5
2			NA	NO	Management and f	Employee Health food employee awarene	ess; reporting	0	0		┨┠	17 C	-			Proper reheating procedures for hot hok Ceoling and Holding, Date Marking		0	0	-
3 8		0			Proper use of restr	riction and exclusion		0	0	5	IL			TNA		a Public Health Contr				
4		UT O	NA			od Hygionic Practice ing. drinking. or tobacco		0	0			18 C				Proper cooling time and temperature Proper hot holding temperatures		0	0	
	Ř.	0	NA	0	No discharge from	eyes, nose, and mouth ing Contamination b	1	ō	ō	5	1 2	10 X	5 0	0		Proper cold holding temperatures Proper date marking and disposition		8	0	5
6 8	8	•			Hands clean and p				0	5	1 🗆	2 0		_		Time as a public health control: procedu	res and records	0	ō	
78	_	2	٥	0	alternate procedure	es followed		0	0	-	١Þ	IN	_	T NA	NO	Consumer Advisory Consumer advisory provided for raw and				
1	N C	UT	NA	NO		s properly supplied and Approved Source	accessible			2		23 C	_			food		0	٥	4
10 (	Š,	8	0	×	Food obtained from Food received at p	m approved source proper temperature		0	00		I I,	IN 14	-	-	NO	Highly Susceptible Popule Pasteurized foods used; prohibited foods		0	0	
11 y	_	0	×	0		ition, safe, and unadult available: shell stock ta:		0	0	5	١ŀ	10	-	-	NO	Chemicals	s not offered	-	<u> </u>	-
	_	_	NA	•	destruction	ction from Contamin		-	0			5 C				Food additives: approved and properly u	sed	0	ত	
13 X 14 X		<u> </u>	<u> </u>		Food separated an	nd protected aces: cleaned and sanit	zed	8	00	4	12	26 E	( O	T NA	- -	Toxic substances properly identified, sto Conformance with Approved F	red, used	0	0	5
15 8	_	0	_		Proper disposition	of unsafe food, returne		6		-		-	-		140	Compliance with variance, specialized p		0	0	5
	~	- 1			served			-	-				1	1~~		HACCP plan		-	-	
				Goo	d Retail Practic	es are preventive	measures to co							-	gens	s, chemicals, and physical object	s into foods.			
				00	T=not in compliance		COS=corre						TTICI n	5.)		R-repeat (violation of the san	he code provision)			
	То	UT				pliance Status Food and Water		cos	R	WT	16	_	OUT			Compliance Status Utensils and Equipment		COS	R	WT
28		0	Paste	urize	d eggs used where	e required		0	0	1	11	45	0			infood-contact surfaces cleanable, proper	fy designed,	0	0	1
29 30		0				ized processing method	ts	8	0	2	łŀ	46	0			and used g facilities, installed, maintained, used, te	et etrice	0	0	1
	T	UT	Prop	er co		mperature Control ; adequate equipment f	or temperature				I L	47	0			ntact surfaces clean	ar an tha	0		1
31		"	contr	ol				0	0	2	ļļ	_	OUT		d oold	Physical Facilities				-
32	_				properly cooked for thawing methods u			8	00	1		48 49	-			I water available; adequate pressure stalled; proper backflow devices			8	
34	_	-	Therr	nome	eters provided and a			0	0	1	1 E	50	0	Sewag	e and	waste water properly disposed		0		2
	-	UT	_			Identification		-			1 1	51				es: properly constructed, supplied, cleane				1
35		O UT	Food	prop		al container, required re		0	0	1	JL	52 53	-		-	use properly disposed; facilities maintaine litties installed, maintained, and clean	id	0	0	1
36		-	Insec	ts, ro	dents, and animals		on	0	0	2	1 -	54				entilation and lighting; designated areas u	sed	õ	ŏ	1
37	+	-	Conta	mina	ation prevented duri	ing food preparation, st	orace & disclay	0	0	1	1 h		OUT			Administrative items				
38	_	_			leanliness		oreige er erebred	0	0	1	łŀ	55	0	Curren	t pern	nit posted		0	0	
39 40	_	-		<u> </u>	ths; properly used a ruits and vegetable			8	0	1	11	56	0	Most re	ecent	inspection posted Compliance Status		0	0	WT
	_	UT	**0.5			Use of Utensils			-		i h					Non-Smokers Protection	Act	160	140	
41	_	-	_		nsils; properly store				0			57				with TN Non-Smoker Protection Act		X	2	-
42 43		0	Singl	e-use	single-service artic	is; properly stored, dried cles; properly stored, us		0	00	1	łĿ	58 59				ducts offered for sale roducts are sold, NSPA survey completed	1	0	8	0
44	-				ed properly				0		1									
service	est	ablis	hmen	t perm	nit. Items identified as	s constituting imminent he	ealth hazards shall b	e com	ected i	mme	diatel	y or o	peratio	ons sha	ll ceas	Repeated violation of an identical risk factor e. You are required to post the food service of	establishment permi	it in a c	onsp	icuour
report	LC					14-708, 68-14-709, 68-14-71					ang	, rega	A	and repo	at by I	fling a written request with the Commissioner	mann ann (10) days		- Gald	-01 6161
1	$\backslash$		$\sim$	へ	1/		01/1	14/2	2022	2		/	オ	<	L	2	1	01/1	.4/2	2022
Signa	ture	of	Pers	on In	Charge				1	Date	S	Signa	ture o	of Envir	ronme	ental Health Specialist				Date
							,						-			ealth/article/eh-foodservice				
PH-22	67 (F	lev.	6-15)			Free food safety	raining classe		ava				nonth	n at the	e cou	unty health department.			R	DA 629

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

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

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#### Establishment Information Establishment Name: THE CHICKEN COOP - FD-SRV Establishment Number #: 605248605

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.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited. Smoking observed where smoking is prohibited by the Act.	

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							

I	Equipment Temperature							
	Description	Temperature (Fahrenheit)						

Food Temperature					
Decoription	State of Food	Temperature (Fahrenheit			
Tomato	Cold Holding	41			
Egg roll batter	Cold Holding	37			
Chicken	Cooking	189			

Observed	Vio	lations	
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Total # 2

Repeated # ()

36: Gnats found around the three compartment sink.

53: Grease build up on vent hood

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#### Establishment Information

Establishment Name: THE CHICKEN COOP - FD-SRV Establishment Number : 605248605

Comments/Other Observations		
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5.		
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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: THE CHICKEN COOP - FD-SRV Establishment Number : 605248605

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: THE CHICKEN COOP - FD-SRV
Establishment Number # 605248605

Sources				
Source Type:	Food	Source:	Rest. Depot	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments