

Establishment Name

Inspection Date

Address

City

TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

Embargoed 000

O Farmer's Market Food Unit

Permanent O Mobile Type of Establishment

O Temporary O Seasonal

SCORE

Memphis Time in 03:30 PM AM / PM Time out 03:55; PM AM / PM

O Preliminary Purpose of Inspection **E**Routine O Follow-up O Complaint O Consultation/Other

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

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

10	4=in c	compli	ence		OUT=not in compliance NA=not applicable NO=not observ	ed		C	05=
					Compliance Status	COS	R	WT] [
	IN	OUT	NA	NO	Supervisien				П
1	0	舆			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	H
	IN	OUT	NA	NO	Employee Health				1 [
2	-MC	0			Management and food employee awareness; reporting	0	0		П
3	寒	0			Proper use of restriction and exclusion	0	0	5	Н
	IN	OUT	NA	NO	Good Hygienic Practices	\Box			П
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 1
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	0	П
	IN	OUT	NA	NO	Preventing Contamination by Hands				11
6	0	0		3%	Hands clean and properly washed	0	0		П
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	Н
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	11
	IN	OUT	NA	NO	Approved Source				П
9	黨	0			Food obtained from approved source	0	0		П
10	0	0	0	3%	Food received at proper temperature	0	0		П
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	Н
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT		NO	Protection from Contamination				1 1
13	×	0	0		Food separated and protected	0	0	4	ll
14	0	×	0		Food-contact surfaces: cleaned and sanitized	0	0	5	П
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	

APPLEBEES #82002- BAR

12/21/2021 Establishment # 605219235

2890 Bartlett

Compliance Status						cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	300	0	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	_	0	X	0	Proper cooling time and temperature	0	0	
19	0	0	文	0	Proper hot holding temperatures	0	0	
20	0	0	*		Proper cold holding temperatures	0	0	5
21	0	0	0	200	Proper date marking and disposition	0	0	
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	0	0	300		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN OUT NA NO Chemicals							
25	0	0	X		Food additives: approved and properly used	0	0	5
26	0	28			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

als, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT	Caro i con amo i i mon			
28	0	Pasteurized eggs used where required	0	0	
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	
	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	г
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	Γ
	OUT	Prevention of Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	Γ
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	$\overline{}$		Т
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	10	Gloves used properly	0	0	

pect	on	R-repeat (violation of the same code provision)		_	_
		Compliance Status	COS	R	W
	OUT	Utensiis and Equipment			
45	羅	Food and norfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	羅	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	黨	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	-
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	×	Garbage/refuse properly disposed; facilities maintained	0	0	
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items			
55	凝	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 3%	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

icuous manner. You have the right to request a l ten (10) days of the date of th 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

12/21/2021

12/21/2021

**** 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.) 9012229200 Please call (to sign-up for a class.

RDA 629

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information				
Establishment Name: APPLEBEES #				
Establishment Number # 60521923	5			
NSPA Survey - To be completed it				
Age-restricted venue does not affirmatively re twenty-one (21) years of age or older.			-	
Age-restricted venue does not require each p	erson attempting to gain entry	y to submit acceptable fo	orm of identification.	
"No Smoking" signs or the international "Non-	Smoking" symbol are not con	spicuously posted at eve	ery entrance.	
Garage type doors in non-enclosed areas are	not completely open.			
Tents or awnings with removable sides or ver	its in non-enclosed areas are	not completely removed	i or open.	
Smoke from non-enclosed areas is infiltrating	into areas where smoking is	prohibited.		
Smoking observed where smoking is prohibit	ed by the Act.			
Warewashing Info	A continue To a			and the
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)
3 comp. sink	Quat			
	•	•	•	
Equipment Temperature				
Description			Temperature (Fah	renhelt)
			<u>'</u>	
Food Temperature				
Description		State of Food	Temperature (Fah	renheit)
		T. Control of the con		

Observed Violations
Total # 8
Repeated # ()
1. Person in charge does not perform duties. Bar area has No sanitizer, no test
strips and damaged cutting board.
14: Cutting board Is discolored.
26: No sanitiZer in use at bar 3 comp. sink.
45: Refrigerator is not working.
46: No test strips for 3 Comp. sink.
48: No cold water available under pressure.
52: Dumpster Is open withDecayed food matter around it.
55: Current permit not posted.

[&]quot;"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: APPLEBEES #82002- BAR

Establishment Number: 605219235

Comments/Other Observations

- 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: PFG
- 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.
- 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: (NA) Establishment does not cold hold TCS foods.
- 21: (NO) There are no foods requiring date marking in the facility at the time of the inspection.
- 22: (NA) No food held under time as a public health control.
- 23: Located on menu.
- 24: (NA) A highly susceptible population is not served.
- 25: (NA) Establishment does not use any additives or sulfites on the premises.
- 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.

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

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

stablishment Name: APPLEBEES #82002- BAR				
Establishment Number: 605219235				
Comments/Other Observations (cont	'd)			
Additional Comments (cont'd)				
See last page for additional (comments	•		

Establishment Information

Establishment Information							
Establishment Name: APPLEBEES #8200	02- BAR						
Establishment Number #: 605219235							
Sources							
	Ca	DEC					
Source Type: Food	Source:	PFG					
Source Type: Water	Source:	City					
Course Turner	Carrea						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type.	Course.						
Additional Comments							