

Purpose of Inspection

**K**Routine

Address

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

COS R WT

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O Farmer's Market Food Unit **BLUES CITY CRAB (BAR)** Remanent O Mobile Establishment Name Type of Establishment 1571 SYCAMORE VIEW

O Temporary O Seasonal

Memphis Time in 01:15 PM AM / PM Time out 01:40: PM AM / PM City Embargoed 000 10/20/2022 Establishment # 605262481 Inspection Date

O Complaint

O Follow-up

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

ase Control and Prevention

O Preliminary

O Consultation/Other

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, NA, NO) for ea

11	N≃in o	compi	iance		OUT=not in compliance NA=not applicable NO=not observe	ed		X	)\$=c	orrecte	ed on-s	ite dur	ing ins	spection R*repeat (violation of the same code provi				
	Compliance Status COS R WT Compliance Status									Compliance Status								
	IN	OUT	NA	NO	Supervision					IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature				
Ε.	6=2	_	_	_	Person in charge present, demonstrates knowledge, and	_	0 0		ш	""	00.	100		Control For Safety (TCS) Foods				
יו	黨	0			performs duties	0			1	6 0	0	2%	0	Proper cooking time and temperatures				
IN OUT NA NO Employee Health					1	7 0	0	300	0	Proper reheating procedures for hot holding								
2	DK.	0			Management and food employee awareness; reporting	0	0 0 5							Cooling and Holding, Date Marking, and Time as				
3	×	0			Proper use of restriction and exclusion	0				IN	OUT	NA	NO	a Public Health Control				
	IN	OUT	NA	NO	Good Hygienic Practices				1	8 0	0	X	0	Proper cooling time and temperature				
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5		9 0	0	文	0	Proper hot holding temperatures				
5	黨	0	1		No discharge from eyes, nose, and mouth	0	0	L °	2	0 25	0	0		Proper cold holding temperatures				
IN OUT NA NO Preventing Contamination by Hands					2	1 0	0	0	W	Proper date marking and disposition								
6	黨	0		0	Hands clean and properly washed	0	0		12	2 0	l٥	×	0	Time as a public health control: procedures and records				
7	歐	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0 0 5 1		Ľ	_	1 -		_					
Ŀ		_	_		alternate procedures followed	_		Щ		IN	OUT	NA	NO	Consumer Advisory				
8		28		T 118	Handwashing sinks properly supplied and accessible	0 0 2		0 0 2		0 2		0 2		3 0	lο	300		Consumer advisory provided for raw and undercooked
	_	-	NA	NO		-	0.101			_				food				
9	黨	0			Food obtained from approved source	0	0		- 1	IN	OUT	NA	NO	Highly Susceptible Populations				
10		0	0	120	Food received at proper temperature	0	0	١. ١	2	4 0	0	320		Pasteurized foods used; prohibited foods not offered				
11	×	0	$\vdash$	_	Food in good condition, safe, and unadulterated	<u> </u>	0 0 5		Ľ		Ľ			T distanted roods dista, promoted roods not oriered				
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT	NA	NO	Chemicals				
	IN	OUT	NA	NO	Protection from Contamination							5 0	0	- XX		Food additives: approved and properly used		
13	黛		0		Food separated and protected	0	0	4	2	6 🙊	0			Toxic substances properly identified, stored, used				
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures				
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	2	7 0	0	×		Compliance with variance, specialized process, and HACCP plan				

## Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into for

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			
	OUT					3 E	OUT		Utensils and Equipment			
28		Pasteurized eggs used where required	0	0	1	J [	45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0	1
29		Water and ice from approved source	0	0	2	11	10		constructed, and used	_	ŭ	
30	_	Variance obtained for specialized processing methods	_ 0	0	1	11	46 O		Warewashing facilities, installed, maintained, used, test strips	0	l٥	1
	OUT	Food Temperature Control	_	_				-		-	_	_
31	0	Proper cooling methods used; adequate equipment for temperature	0	lo	2	ΙL	47	0	Nonfood-contact surfaces clean	0	0	1
١ "	١~	control	"	۱۲۱	-	П		OUT	Physical Facilities			
32	0	Plant food properly cooked for hot holding	0	0	1	11	48	0	Hot and cold water available; adequate pressure	0	0	2
33	0	Approved thawing methods used	0	0	1	3 E	49	0	Plumbing installed; proper backflow devices	0	0	2
34	0	Thermometers provided and accurate	0	0	1	1 [	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification			5		51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container; required records available	0	0	1	1 [	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Food Contamination			11	53	0	Physical facilities installed, maintained, and clean	0	0	1	
36	0	Insects, rodents, and animals not present	0	0	2	1 [	54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	338	Contamination prevented during food preparation, storage & display	0	0	1	11	OUT Administrative Items					
38	0	Personal cleanliness	0	0	1	11	55	凝	Current permit posted	0	0	_
39	0	Wiping cloths; properly used and stored	0	0	1	11	56	100	Most recent inspection posted	0	0	۰
40	0	Washing fruits and vegetables	0	О	1	1 [			Compliance Status	YES	NO	WT
	OUT	Proper Use of Utensils		_		1 1			Non-Smokers Protection Act		_	
41	0	In-use utensils; properly stored	0	0	1	1 t	57		Compliance with TN Non-Smoker Protection Act	X	0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	1 [	58		Tobacco products offered for sale	0	0	0
43		Single-use/single-service articles; properly stored, used	0	0		1 L	59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1	] [						

You have the right to request a h n (10) days of the date of th

rade 10/20/2022

10/20/2022

Date

Signature of Person In Charge

\*\*\*\* 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. PH-2267 (Rev. 6-15) RDA 629 ) 9012229200 Please call ( to sign-up for a class.

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



Establishment Information										
Establishment Name: BLUES CITY CF	RAB (BAR)									
Establishment Number #: 605262481	•									
HODA O. T. L	#57 :- WI-11									
NSPA Survey – To be completed if Age-restricted venue does not affirmatively res		facilities at all times to	persons who are							
twenty-one (21) years of age or older.  Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable t	form of identification.							
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	picuously posted at e	very entrance.	-						
"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.										
			to or open.							
Smoke from non-enclosed areas is infiltrating in		ronibited.								
Smoking observed where smoking is prohibited	d by the Act.									
Warewashing Info				•						
Machine Name	Sanitizer Type	PPM	Temperature ( Fait	renhelt)						
3 compartment sink	,,,									
o compartment sink										
Equipment Temperature										
Description			Temperature ( Fah	renhelt)						
Drink cooler			38							
Food Tomposition			<b>'</b>							
Food Temperature		State of Food	Temperature ( Fah	renhelf)						
Decomption		state of Food	remperature ( Fan	renneit)						

Observed Violations						
Total # 4						
Repeated # 0						
8: No paper towels at hand sink. Ice tea pictured was placed in handsink.						
37: Uncovered tea in cooler.						
55: Current permit not posted.						
56: Most recent inspection not posted.						

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

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Establishment Information



Establishment Name: BLUES CITY CRAB (BAR)	
Establishment Number: 605262481	
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 sp	pace.
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Additional Comments	
See last page for additional comments.	

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: BLUES CITY CRAB (BAR)					
Establishment Number: 605262481					
Comments/Other Observations (cont'd)					
Additional Comments (cont'd)					
See last page for additional comments.					

Establishment Information

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Establishment Name: BLUES CITY CRAB (BAR)								
Establishment Number # 605262481								
Sources								
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Additional Comments								