

Establishment Name

Address

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

94

SOUTHERN HANDS

Type of Establishment

Type of Establishment

Type of Establishment

O Mobile

1811 KIRBY PARKWAY

Germantown

Trans 05:10 PM

AMARIA Trans 05:20 PM

AMARIA Trans 05:20 PM

City Germantown Time in 05:10 PM AM / PM Time out 05:20; PM AM / PM

Inspection Date 07/19/2022 Establishment # 605261400 Embargoed 000

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

Risk Category O1 \$2 O3 O4 Follow-up Required O Yes \$\ No Number of Seats \ \frac{42}{2} \]

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IM, OUT, MA, MO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

The state of the s				0				
					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Supervision			
1	盔	٥			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭK	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	X	0			landwashing sinks properly supplied and accessible OO		2	
	IN	OUT	NA	NO	Approved Source			
9	嵩	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated OO		5	
12	0	0	Ж	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	黛	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	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	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20		0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	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	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	80	0			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

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

L PRACTICES

					37.
OUT=not in compliance COS=corrected on-site dur					
		Compliance Status	cos	R	WT
	OUT				
28	_	Pasteurized eggs used where required	0	0	1
29		Water and ice from approved source	0	0	2
30		Variance obtained for specialized processing methods	0	0	1
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	2
32	0	Plant food properly cooked for hot holding	0	0	1
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	1
	OUT Food Identification				
35	×	Food properly labeled; original container; required records available	0	氮	1
	OUT	Prevention of Food Contamination			
36	麗	Insects, rodents, and animals not present	0	0	2
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	243	Personal cleanliness	0	×	1
39	0	Wiping cloths; properly used and stored	0	0	1
40	0	Washing fruits and vegetables	0	0	1
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	1
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	1
44	10	Gloves used properly	0	0	1

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	-:
49	0	Plumbing installed; proper backflow devices	0	0	- 7
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	
53	3%	Physical facilities installed, maintained, and clean	0	0	-
54	羅	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	100	Most recent inspection posted	0	0	_ '
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	0	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit, Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this center.

97/19/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

07/19/2022

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

PH-2267 (Rev. 6-15)

Free food safety training classes are available each month at the county health department.

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

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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information						
Establishment Name: SOUTHERN HANDS						
Establishment Number ≠: 605261400						
NSPA Survey - To be completed if						
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.						
Age-restricted venue does not require each per	son attempting to gain entry	to submit acceptable form	of identification.			
"No Smoking" signs or the international "Non-Si	moking" symbol are not cons	picuously posted at every	entrance.			
Garage type doors in non-enclosed areas are n	ot completely open.					
Tents or awnings with removable sides or vents	In non-enclosed areas are r	not completely removed or	ropen.			
Smoke from non-enclosed areas is inflitrating in	nto areas where smoking is p	rohibited.				
Smoking observed where smoking is prohibited	by the Act.					
Warewashing Info	A continue T					
Machine Name	Sanitizer Type	PPM	Temperature (Fah	renhelt)		
Equipment Temperature						
Description			Temperature (Fahr	renhelt)		
FdT						
Food Temperature		State of Food	Townson (Fab.			
Description		State of Food	Temperature (Fahr	renheit)		
			I			

Observed Violations								
Total # 8								
Repeated # ()								
35: Food removed from original packaging is missing label with common name 36: Outer openings not protected to prevent entry of pests. The back door is not self-closing or tight-fitting.								
38: Effective hair restraints not worn by all employees handling food 53: Hot water knob on front hand sink needs repair.								
53: Floor by the back door and near drains of 3 compartment sink needs cleaning. Mop sink has build up of grime. 54: Light above fryer out								
54: Employee phone stored on a cutting board next to hot holding line. Personal items must be stored in a designated area to prevent cross contamination. 56: Recent routinr inspection not posted								

^{***}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



Comments/Other Observations	Establishment Name: SOUTHERN HANDS	
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Additional Comments			
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^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: SOUTHERN HANDS				
Establishment Number: 605261400				
Comments/Other Observations (cont'd)				
Additional Comments (cont'd)				
See last page for additional comments.				
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Establishment Information

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Establishment Name: SOUTHERN HANDS							
Establishment Number # 605261400							
Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							