TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

53.3

| N.S. | 1 | | | | | 10000 | | | | | | • • | | | | | | | | |
|--------------------|---------|-----------|-------------|--------|------------------------------------|--|---------------------------------|----------|------------|-------|--------|------------------|-----------------------------|----------|------------------------|---|-----------------------|-----------|-------|--------|
| RE | | RED FISI | H - KITCHEN | I | | | | | | | | | O Fermer's Market Food Unit | 9 | 1 | | | | | |
| Establishment Name | | | ne | | _ | | | | | | Ту | pe of | Establ | ishme | ent Rermanent O Mobile | J | | | | |
| Add | ress | | | | | Y 64 (STAGE | , | 1 / | <u>.</u> 4 | | | | | | | O Temporary O Seasonal | • | | | |
| City | | | | | Arlington | 000 | | | 2:4 | | | _ | | | me o | ut 01:10; PM AM / PM | | | | |
| Insp | | | | | | | ment # 60526052 | | | | | - | ed C | | | [| | | | |
| | | | spect | tion | ORoutine | 變 Follow-up | O Complaint | | | O Pr | elimi | nary | | C | Cor | nsultation/Other | | | 00 | |
| Risi | Cat | noge R | | act | O1 | preparation prac | O3 tices and employee | beh | | 04 | ust c | omr | nonh | | | up Required O Yes 🗮 No to the Centers for Disease Contr | Number of S | | 88 | |
| | | | | | | actors in foodbo | rne illness outbreak | 8. P | ublic | c He | aith | Inte | rven | tions | are | control measures to prevent illne | | | | |
| | | (1) | urik de | elgne | ed compliance | | BORNE ILLNESS R | | | | | | | | | INTERVENTIONS ach liem as applicable. Deduct points for c | ategory or subcate | gory.) | 1 | |
| IN | ≈in c | ompii | ance | | | pliance NA=not app ompliance Statu | | | R | |)\$=cc | rrecte | id on-s | site dur | ing ins | spection R=repeat (violation of the Compliance Status | | n) COS | R | WT |
| h | IN | OUT | NA | NO | | Supervisie | | | | | | IN | OUT | NA | NO | Cooking and Reheating of Time/I | emperature | | | |
| 1 | 黨 | 0 | | | Person in char performs dutie | | rates knowledge, and | 0 | 0 | 5 | 16 | 5 22 | 0 | 0 | 0 | Control For Safety (TCS) I Proper cooking time and temperatures | oods | 0 | 0 | |
| Ļ | | | NA | NO | | Employee He ind food employee as | | 0 | | | | 0 | | X | | Proper reheating procedures for hot hold | - | 00 | Ö | 5 |
| 23 | R | 0 | 1 | | | restriction and exclus | 4 | ŏ | ŏ | 5 | | IN | ουτ | NA | NO | Cooling and Holding, Date Marking a Public Health Contro | | | | |
| Ħ | | | NA | | | Good Hygienic Pr | | | | | | 0 | 0 | X | _ | Proper cooling time and temperature | | 0 | | |
| 4 | 業業 | 0 | | | | tasting, drinking, or t rom eyes, nose, and | | | 0 | 5 | 20 | | 8 | | _ | Proper hot holding temperatures Proper cold holding temperatures | | | 0 | 6 |
| 6 | IN 演 | OUT O | NA | | | onting Contaminat nd properly washed | tion by Hands | 0 | 0 | _ | 21 | - | - | | | Proper date marking and disposition | | _ | 0 | |
| 7 | Ň | 0 | 0 | 0 | No bare hand | contact with ready-to | -eat foods or approved | ō | ō | 5 | 22 | 2 💢 IN | 0 | O NA | O NO | Time as a public health control: procedur Consumer Advisory | es and records | ٥ | 0 | |
| 8 | × | 0 | _ | 110 | | dures followed sinks properly suppli | | 0 | 0 | 2 | 23 | - | 0 | 0 | - | Consumer advisory provided for raw and | undercooked | 0 | 0 | 4 |
| 8 9 | 黨 | 0 | NA | NO | Food obtained | Approved South from approved source | | | 0 | | | IN | OUT | NA | NO | food Highly Susceptible Popula | tions | | | |
| 10 11 12 | XX | 00 | 0 | 0 | | at proper temperatur ondition, safe, and u | | 8 | 0 | 5 | 24 | 10 | 0 | × | | Pasteurized foods used; prohibited foods | not offered | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required record destruction | ds available: shell st | ock tags, parasite | 0 | 0 | | | IN | τυο | NA | NO | Chemicais | | | | |
| 11 | IN S | | NA | NO | | d and protected | tamination | 0 | | 4 | | 5 0 5 夏 | 8 | X |] | Food additives: approved and properly un Toxic substances properly identified, stor | | 0 | 읽 | 5 |
| 13 14 | X | ŏ | ŏ | | | urfaces: cleaned and | d sanitized | ŏ | _ | 5 | Ê | IN | | NA | NO | Conformance with Approved P | | | _ | |
| 15 | × | 0 | | | Proper disposi served | tion of unsafe food, n | eturned food not re- | 0 | 0 | 2 | 27 | o | 0 | × | | Compliance with variance, specialized pr HACCP plan | ocess, and | 0 | 0 | 5 |
| | | | | Goo | d Retail Pra | ctices are prever | tive measures to c | ontro | l the | intr | odu | ction | n of p | atho | gens | s, chemicals, and physical objects | into foods. | | | |
| | | | | | | | | | | | | | TICE | 5 | | | | | | |
| E | | | _ | 00 | | mpliance Status | | | R | | , insp | | | | | R-repeat (violation of the sam Compliance Status | | COS | R | WT |
| 2 | 8 | OUT O | | eurize | Sa d eggs used w | fe Food and Wate here required | r | 0 | 0 | 1 | | | O F | ood a | nd no | Utensils and Equipment infood-contact surfaces cleanable, propert | v designed. | | | |
| | 9 0 | 0 | Wate | er and | ice from appro | | methods | 0 | 0 | Ż | | | <u> </u> | onstru | cted, | and used | | 0 | 0 | 1 |
| Ľ | - | OUT | | | Food | Temperature Con | trei | | | _ | | _ | _ | | | g facilities, installed, maintained, used, te | st strips | 0 | 0 | 1 |
| 3 | 1 | o | Prop | | oling methods u | sed; adequate equip | ment for temperature | 0 | 0 | 2 | H | _ | 嵐♪ TUC | Vonfoo | d-cor | Physical Facilities | | 0 | 0 | 1 |
| _ | 2 | | | | | d for hot holding | | 8 | 0 | 1 | | | - | | | water available; adequate pressure | | 8 | | 2 |
| 3 | 3 4 | 0 | | | thawing methor eters provided a | | | 10 | 0 | 1 | | | | | | stalled; proper backflow devices waste water properly disposed | | 8 | 허 | 2 |
| | | OUT | | | | ood identification | | | | | | _ | _ | | | es: properly constructed, supplied, cleaned | | | _ | 1 |
| 3 | 5 | × | Food | i prop | | | ired records available | 0 | 0 | 1 | | _ | - | | | use properly disposed; facilities maintaine | d | 0 | 0 | 1 |
| 3 | 6 | OUT | Insec | ts. ro | | n of Food Contan nais not present | nination | 0 | 0 | 2 | | - | | | | lities installed, maintained, and clean Intilation and lighting, designated areas us | ed | 0 | 0 | 1 |
| 3 | _ | - | - | - | - | | ion, storage & display | 0 | 0 | 1 | F | - | DUT | , | | Administrative items | | - | - | - |
| 3 | _ | _ | _ | | leanliness | and toos property | serie oronogie or onoprog | 0 | 0 | 1 | 5 | | | Jurren | t pern | nit posted | | 0 | 0 | |
| 3 | 9 | Ó | Wipi | ng cic | ths; properly us | | | 0 | 0 | 1 | | | | | - | inspection posted | | 0 | 0 | 0 |
| H | 0 | OUT | _ | ning t | ruits and vegeta Pro | per Use of Utensi | la | <u> </u> | 0 | 1 | H | | | | | Compliance Status Non-Smokers Protection / | | YES | NO | wi |
| E | 12 | | | | nsils; properly s | tored inens; properly store | d diad bandlad | | 8 | | | 57 18 | | | | with TN Non-Smoker Protection Act ducts offered for sale | | × | | 0 |
| | 3 | 0 | Sing | e-use | /single-service | articles; properly store | | 0 | 0 | 1 | 5 | š | | | | oducts one ed for sale oducts are sold, NSPA survey completed | | ŏ | | Ť |
| | 4 | | | | ed properly | or items within survey | A dawn mene security in success | | 0 | _ | | | ablica | march - | eren la | Repeated violation of an identical risk factor | may result in success | . معاقد | 1 | |
| serv | ce e | tabli | shmer | t perm | nit. Items identifie | d as constituting immi | inent health hazards shall b | e corre | cted i | mmed | iately | or op | eratio | ns shal | l ceas | Repeated wolation of an identical risk factor e. You are required to post the food service e filing a written request with the Commissioner | stablishment permit | in a c | onspi | icuous |
| | | | | | | | 8-14-711, 68-14-715, 68-14-7 | | | | | _ | -90 | - repo | | Α - Ο | and the following the | or th | 0.000 | |
| (| | lf | 7 | \sim | _ \(| \mathcal{V} | 07/ | 11/2 | 022 | 2 | | (| _ | | ſ٧ | $\land \checkmark$ | C |)7/1 | 1/2 | 022 |
| Sig | natu | re of | Pers | on In | Charge | | | | [| Date | Si | gnati | ure of | Envir | onme | ental Health Specialist | | | | Date |
| | | | | | | **** Additional food | d safety information car | n be fo | ound | on ou | ır we | bsite | , http | c//tn.g | jow/h | ealth/article/eh-foodservice | | | | |

| PH-2267 (Rev. 6-15) | Free food safety training cl | asses are available each mor | RDA 62 | |
|---------------------|------------------------------|------------------------------|-------------------------|--------|
| 1192201 (Nev. 0-10) | Please call (|) 9012229200 | to sign-up for a class. | HDH 02 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

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| Establishment Information | | | | | | |
|--|--|--|--|--|--|--|
| Establishment Name: RED FISH - KITCHEN | | | | | | |
| Establishment Number #: 605260522 | | | | | | |

| ISPA Survey – To be completed if #57 is "No" | |
|--|--|
| ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older. | |
| ge-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. | |
| arage type doors in non-enclosed areas are not completely open. | |
| ents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | |
| moke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | |
| moking observed where smoking is prohibited by the Act. | |

| Warewashing Info | | | | | | | | | |
|----------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| 3 comp sink / Ecolab | QA / CI | | | | | | | | |

| Equipment Temperature | |
|-----------------------|--------------------------|
| Description | Temperature (Fahrenheit) |
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| Food Temperature Description State of Food Temperature (Fahrenheit) | | | | | | |
|--|---------------|--------------------------|--|--|--|--|
| recomption | state of Pood | Temperature (Panrenneit | | | | |
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| Observed Violations | |
|---------------------------|---|
| Total # 8 Repeated # 0 | |
| Repeated # 0 | _ |
| 35: | |
| 37: | |
| 42: | |
| 46: | |
| 47: | |
| 49: | |
| 53: | |
| 54: | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: RED FISH - KITCHEN Establishment Number : 605260522

| Comments/Other Observations | |
|-----------------------------|--|
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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: RED FISH - KITCHEN

Establishment Number: 605260522

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: RED FISH - KITCHEN

Establishment Number # 605260522

| Sources | | | | |
|-----------------|------|---------|------|--|
| Source Type: | Food | Source: | Food | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Source Type: | | Source: | | |
| Additional Comm | ents | | | |

2022 permit posted , etc