



# TENNESSEE DEPARTMENT OF HEALTH

## FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

82

Establishment Name MIKE'S HOT WINGS Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile

Address 7730 WOLF RIVER BLVD ☐ Temporary ☐ Seasonal

City Germantown Time in 11:30 PM AM / PM Time out 12:30 PM AM / PM

Inspection Date 03/09/2023 Establishment # 605263749 Embargoed 0000

Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other

Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 35

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

| IN=in compliance  |                                  |                                  |                                  |                       | OUT=not in compliance  |  |  |  |  | NA=not applicable     |                       |   |  |  | NO=not observed |  |  |  |  | COS=corrected on-site during inspection |  |  |  |  | R=repeat (violation of the same code provision) |  |  |  |  |
|-------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------|--|--|--|--|--|-----------------------|-----------------------|---|--|--|-----------------|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| Compliance Status |                                  |                                  |                                  |                       |  |  |  |  |  | COS                   |                       |   |  |  | R               |  |  |  |  | WT                                      |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Supervision  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 1                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Person in charge present, demonstrates knowledge, and performs duties                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Employee Health  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 2                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Management and food employee awareness, reporting                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 3                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Proper use of restriction and exclusion  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Good Hygienic Practices  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 4                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  | <input type="radio"/> | Proper eating, tasting, drinking, or tobacco use                                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 5                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  | <input type="radio"/> | No discharge from eyes, nose, and mouth  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Preventing Contamination by Hands  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 6                 | <input type="radio"/>            | <input checked="" type="radio"/> |                                  | <input type="radio"/> | Hands clean and properly washed  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 7                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | No bare hand contact with ready-to-eat foods or approved alternate procedures followed |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 8                 | <input type="radio"/>            | <input checked="" type="radio"/> |                                  |                       | Handwashing sinks properly supplied and accessible                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Approved Source  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 9                 | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Food obtained from approved source   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 10                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> | Food received at proper temperature  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 11                | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Food in good condition, safe, and unadulterated  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 12                | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | Required records available: shell stock tags, parasite destruction                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|                   | IN                               | OUT                              | NA                               | NO                    | Protection from Contamination  |  |  |  |  |                       |                       |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 13                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |                       | Food separated and protected   |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 14                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |                       | Food-contact surfaces: cleaned and sanitized   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
| 15                | <input checked="" type="radio"/> | <input type="radio"/>            |                                  |                       | Proper disposition of unsafe food, returned food not re-served                         |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 2 |  |  |                 |  |  |  |  |   |  |  |  |  |   |  |  |  |  |

| Compliance Status |                                  |                       |                                  |                                  |  |  |  |  |  | COS                   |                       |   |  |  | R |  |  |  |  | WT |  |  |  |  |
|-------------------|----------------------------------|-----------------------|----------------------------------|----------------------------------|--|--|--|--|--|-----------------------|-----------------------|---|--|--|---|--|--|--|--|----|--|--|--|--|
|                   | IN                               | OUT                   | NA                               | NO                               | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 16                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper cooking time and temperatures                                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 17                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper reheating procedures for hot holding                              |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Cooling and Holding, Date Marking, and Time as a Public Health Control   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 18                | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | Proper cooling time and temperature                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 19                | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | Proper hot holding temperatures  |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 20                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |                                  | Proper cold holding temperatures   |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 21                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | Proper date marking and disposition                                      |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 22                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | Time as a public health control: procedures and records                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 4 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Consumer Advisory  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 23                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Consumer advisory provided for raw and undercooked food                  |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Highly Susceptible Populations   |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 24                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Pasteurized foods used; prohibited foods not offered                     |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Chemicals  |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 25                | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>            |                                  | Food additives: approved and properly used                               |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |
| 26                | <input checked="" type="radio"/> | <input type="radio"/> |                                  |                                  | Toxic substances properly identified, stored, used                       |  |  |  |  | <input type="radio"/> | <input type="radio"/> |   |  |  |   |  |  |  |  |    |  |  |  |  |
|                   | IN                               | OUT                   | NA                               | NO                               | Conformance with Approved Procedures                                     |  |  |  |  |                       |                       |   |  |  |   |  |  |  |  |    |  |  |  |  |
| 27                | <input type="radio"/>            | <input type="radio"/> | <input checked="" type="radio"/> |                                  | Compliance with variance, specialized process, and HACCP plan            |  |  |  |  | <input type="radio"/> | <input type="radio"/> | 5 |  |  |   |  |  |  |  |    |  |  |  |  |

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

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

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 right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 03/09/2023 Signature of Environmental Health Specialist [Signature] Date 03/09/2023

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

## Establishment Number #: 605263749

|  |     |
|--|-----|
| Smoking observed where smoking is prohibited by the Act. | Yes |
|--|-----|

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|                              |    |
|------------------------------|----|
| Refrigerator (pizza station) | 35 |
| Refrigerator (fry station)   | 38 |
| RIC                          | 35 |
| RIF                          | -4 |

|                  |              |    |
|------------------|--------------|----|
| Carrots          | Cold Holding | 38 |
| Celery           | Cold Holding | 38 |
| Carrots 2        | Cold Holding | 39 |
| Celery 2         | Cold Holding | 38 |
| Raw chicken      | Cold Holding | 40 |
| Raw fish         | Cold Holding | 39 |
| Raw fish nuggets | Cold Holding | 39 |

## Observed Violations

Total # 7

Repeated # 0

6: Employee was observed not properly washing hands. Employees must properly wash hands between tasks and changing stations.

8: Hand washing sink is not clean. Please maintain cleanliness hand washing sink and its area.

13: Foods in the RIF and walk-in freezer are not separated according to type. Observed raw chicken beside raw fish. Foods must be separated and protected according to type. This order from top to bottom: RTE foods, fish (seafood), pork, beef, and only chicken (poultry) is on bottom shelf.

14: The cutting board is deeply stained and has many grooves. Please replace cutting board. The microwave is not clean. Please maintain cleanliness of microwave between uses.

44: Gloves are not being changed properly. Gloves must be changed appropriately between tasks and changing stations.

53: Vent-a-hood needs to be cleaned above fryers. Please maintain its cleanliness.

56: The most recent inspection is not posted. Please post most current inspections.

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: MIKE'S HOT WINGS

Establishment Number : 605263749

***Comments/Other Observations***

1:  
2:  
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\*\*\*See page at the end of this document for any violations that could not be displayed in this space.

***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: MIKE'S HOT WINGS

Establishment Number : 605263749

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)**

***See last page for additional comments.***

|                         |           |
|-------------------------|-----------|
| Establishment Number #: | 605263749 |
|-------------------------|-----------|

|              |         |
|--------------|---------|
| Source Type: | Source: |
|--------------|---------|

### ***Additional Comments***