

**TENNESSEE DEPARTMENT OF HEALTH**  
**FOOD SERVICE ESTABLISHMENT INSPECTION REPORT**

**SCORE**

92

Establishment Name	VIETNAM RESTAURANT - FD-SRV.		Type of Establishment	<input checked="" type="radio"/> Farmer's Market Food Unit
Address	74 CLEVELAND			<input checked="" type="radio"/> Permanent <input type="radio"/> Mobile
City	Memphis	Time in	12:00 PM	<input type="radio"/> Temporary <input type="radio"/> Seasonal
Inspection Date	05/10/2021	Establishment #	605243548	Time out
Purpose of Inspection	<input type="radio"/> Routine	<input checked="" type="radio"/> Follow-up	<input type="radio"/> Complaint	<input type="radio"/> Preliminary
Risk Category	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
		Embargoed	000	Follow-up Required
				<input type="radio"/> Yes <input checked="" type="radio"/> No
				Number of Seats
				94

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

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

Compliance Status				COS	R	WT
	OUT	Safe Food and Water				
28	<input type="radio"/>	Pasteurized eggs used where required		<input type="radio"/>	<input type="radio"/>	1
29	<input type="radio"/>	Water and ice from approved source		<input type="radio"/>	<input type="radio"/>	2
30	<input type="radio"/>	Variance obtained for specialized processing methods		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Temperature Control				
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control		<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
33	<input type="radio"/>	Approved thawing methods used		<input type="radio"/>	<input type="radio"/>	1
34	<input type="radio"/>	Thermometers provided and accurate		<input type="radio"/>	<input type="radio"/>	1
	OUT	Food Identification				
35	<input checked="" type="checkbox"/>	Food properly labeled; original container; required records available		<input type="radio"/>	<input type="radio"/>	1
	OUT	Prevention of Food Contamination				
36	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present		<input type="radio"/>	<input type="radio"/>	2
37	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display		<input type="radio"/>	<input type="radio"/>	1
38	<input type="radio"/>	Personal cleanliness		<input type="radio"/>	<input type="radio"/>	1
39	<input type="radio"/>	Wiping cloths: properly used and stored		<input type="radio"/>	<input type="radio"/>	1
40	<input type="radio"/>	Washing fruits and vegetables		<input type="radio"/>	<input type="radio"/>	1
	OUT	Proper Use of Utensils				
41	<input checked="" type="checkbox"/>	In-use utensils; properly stored		<input type="radio"/>	<input type="radio"/>	1
42	<input checked="" type="checkbox"/>	Utensils, equipment and linens; properly stored, dried, handled		<input type="radio"/>	<input type="radio"/>	1
43	<input type="radio"/>	Single-use/single-service articles; properly stored, used		<input type="radio"/>	<input type="radio"/>	1
44	<input type="radio"/>	Gloves used properly		<input type="radio"/>	<input type="radio"/>	1

R-repeat (violation of the same code provision)

Compliance Status				COS	R	WT
	OUT	Utensils and Equipment				
45	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/>	<input type="radio"/>	1
46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips		<input type="radio"/>	<input type="radio"/>	1
47	<input type="radio"/>	Nonfood-contact surfaces clean		<input type="radio"/>	<input type="radio"/>	1
	OUT	Physical Facilities				
48	<input type="radio"/>	Hot and cold water available; adequate pressure		<input type="radio"/>	<input type="radio"/>	2
49	<input type="radio"/>	Plumbing installed; proper backflow devices		<input type="radio"/>	<input type="radio"/>	2
50	<input type="radio"/>	Sewage and waste water properly disposed		<input type="radio"/>	<input type="radio"/>	2
51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned		<input type="radio"/>	<input type="radio"/>	1
52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained		<input type="radio"/>	<input type="radio"/>	1
53	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		<input type="radio"/>	<input type="radio"/>	1
54	<input type="radio"/>	Adequate ventilation and lighting; designated areas used		<input type="radio"/>	<input type="radio"/>	1
	OUT	Administrative Items				
55	<input type="radio"/>	Current permit posted		<input type="radio"/>	<input type="radio"/>	0
56	<input type="radio"/>	Most recent inspection posted		<input type="radio"/>	<input type="radio"/>	
		Compliance Status		YES	NO	WT
		Non-Smokers Protection Act				
57		Compliance with TN Non-Smoker Protection Act		<input type="radio"/>	<input checked="" type="checkbox"/>	0
58		Tobacco products offered for sale		<input type="radio"/>	<input type="radio"/>	
59		If tobacco products are sold, NSPA survey completed		<input type="radio"/>	<input type="radio"/>	

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, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

 _____ Signature of Person in Charge	05/10/2021 _____ Date	 _____ Signature of Environmental Health Specialist	05/10/2021 _____ Date
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\*\*\*\* Additional food safety information can be found on our website. <http://tn.gov/health/article/eh-foodservice> \*\*\*\*

## Establishment Number #: 605243548

Smoking observed where smoking is prohibited by the Act.

## Temperature ( Fahrenheit)

## Temperature ( Fahrenheit)

## Cold Holding

### Observed Violations

Total # 7

Repeated # 0

35: See routine  
36: See routine  
37: See routine  
41: See routine  
42: See routine  
45: See routine  
53: See routine

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: VIETNAM RESTAURANT - FD-SRV.

Establishment Number : 605243548

***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 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.

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**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***

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**Sources**

Source Type: Source:

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**Additional Comments**