

Establishment Name

Address

Inspection Date

Risk Category

City

# TENNESSEE DEPARTMENT OF HEALTH

FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile Type of Establishment

O Temporary O Seasonal

SCORE

Number of Seats 42

O Yes 疑 No

Time in 11:24 AM AM/PM Time out 11:33;AM AM/PM

11/10/2021 Establishment # 605261400 Embargoed 0

日本 Follow-up Purpose of Inspection O Routine O Complaint O Preliminary O Consultation/Other О3

Follow-up Required

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

atus (IN, OUT, NA, NO) for e

IN-in compliance OUT-not in compliance NA-not applicable NO-not observed							0	
	Compliance Status					COS	R	WT
	IN	OUT	NA	NO	Supervision			
1	氮	0			Person in charge present, demonstrates knowledge, and performs duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	ЭX	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	0	0		X	Proper eating, tasting, drinking, or tobacco use	0	0	5
5	黨	0		0	No discharge from eyes, nose, and mouth	0	0	0
	IN	OUT	NA	NO	Preventing Contamination by Hands			
6	100	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	×	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	黨	0			Food obtained from approved source	0	0	
10	0	0	0	3%	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated	0	0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN		NA	NO	Protection from Contamination			
13	篾	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

**SOUTHERN HANDS** 

Germantown

1811 KIRBY PARKWAY

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	0	×	Proper cooking time and temperatures	0	0	5
17	8	0	0	0	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	涎	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	200	0	0		Proper cold holding temperatures	0	0	5
21	0	0	0	200	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	氮	0	0		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	200	0	0		Food additives: approved and properly used	0	0	5
26	菜	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

#### stroduction of pathogens, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	-
30	0	Variance obtained for specialized processing methods	0	0	١.
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	:
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	1
34	0	Thermometers provided and accurate	0	0	Т
	OUT	Food Identification			
35	×	Food properly labeled; original container; required records available	0	0	Г
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	
	OUT	Proper Use of Utensils	$\top$		
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

pect		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1000		
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	1
47	0	Nonfood-contact surfaces clean	0	0	-
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	7
49	0	Plumbing installed; proper backflow devices	0	0	- 2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	-
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	2%	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	0	0	T.
56	0	Most recent inspection posted	0	0	١,
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١
59		If tobacco products are sold, NSPA survey completed	0	0	

nd post the most recent inspection report in a conspicuous manner. You have the right to request a hearing reg C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of th

11/10/2021 ones.

Date Signature of Environmental Health Specialist

\*\*\*\* 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.

11/10/2021 Date

#### 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 for	n of identification.			
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously 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 o	or open.			
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						
Machine Name	Sanitizer Type	PPM	Temperature ( Fah	renheit)		
Equipment Temperature						
Description			Temperature ( Fahr	enhelf)		
5 17			1			
Food Temperature						
Description		-11				
		State of Food	Temperature ( Fahr	enheit)		

bserved Violations	
otal # 2 epeated # 0	
epeated # ()	
5:	
3:	
"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				
Establishment Name:	SOUTHERN HANDS			
Establishment Number	f: 605261400			

Comments/Other Observations		
1: 1: 2: 2: 2: 3: 3: 4: 4: 4: 5: 5: 5: 6: 6: 7: 7: 8: 8: 8: 9: 9: 9: 10: 10: 11: 11: 11: 12: 12: 13: 13: 13: 14: 14: 15: 15: 16: 16: 17: 17: 18: 18: 18: 19: 20: 21: 22: 23:		
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## Additional Comments

See last page for additional comments.

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

<sup>\*\*\*</sup>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: SOUTHERN HANDS	
Establishment Number: 605261400	
Comments/Other Observations (cont'd) 26: 27: 57: 58:	
27: 57: 58:	
Additional Comments (cont'd)	
See last page for additional comments.	

Establishment Information						
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						