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

6/3.90

			A MULTIN		FOOD S	ERVICE ESTA	BL	ISH	M	ENT		ISI	PEC	TI	ON REP	ORT		Ļ	SC	ORE		
A.	1744	and the second	,																$\mathbf{O}$	ſ		
Estat	xishmo	nt Na	me	Sekisui Ea	ast						Tur	e of i	Establi	ishme	E Por		et Food Un O Mobik		В	L	1	
Addre	55			6696 Popl	ar Ave.						. 70		234024	Gen I M		porary	O Seaso	onal				
City				Memphis		Time in	02	2:0	2 F	M	AJ	A/P	M Th	me o	ut 02:45	5 PM	AM /	PM				
	ction [	ate		11/10/20	021 Establishr	ment # 60522234					_											
	se of		ction	Routine	O Follow-up	O Complaint			_	elimin		-		Cor	nsultation/Oth	er						
Risk	Catego	ny .		01	\$2(2	03			04		-		Fc	ollow-	up Required	黨	Yes O	No	Number of	Seats	75	;
			Fact	ors are food p	reparation prac	tices and employee me illness outbreak	beha	vior	s mo	st co	e marte d	only	y repo	ortec	to the Cer	iters fo	r Diseas	e Contro	ol and Preve	ntion		
					FOOD	BORNE ILLNESS RI	SK F	ACT	ors	AND	PUI	BLIC	HEA	ЦТН	INTERVEN	TIONS						
INci	n comp				liance NA=not appl	0) for each anabered iter icable NO=not observ		itema							each liem as ap spection				same code provi		)	
	ncom	- an ive	_		mpliance Statu			R		Ē	00.00	0.011-0	sie our	ng me			e Status		adme code provi		R	WT
	N OU	-	NO		Supervisie						IN	ουτ	NA	NO	-		-	f Time/To (TCS) Fo	emperature eeds			
	S 0			performs duties		rates knowledge, and	0	0	5		Ä	0	0		Proper cookir	ng time a	nd tempe	ratures		0	8	5
	N OU		NO		Employee He nd food employee av		0		_	17	0	0	0		Proper reheal				and Time as	_	0	
3 8	K O				estriction and exclus	ion	0	0	5		IN	OUT	NA	NO				th Contro				
	N OU		_		Bood Hyglenic Pri asting, drinking, or to		0	0	_		0	0	0		Proper coolin Proper hot ho					0	0	
5 2	X 0		0	No discharge fro	om eyes, nose, and	mouth	ŏ	ŏ	5	20	25	0	0		Proper cold h	olding te	mperature	es		0	0	5
	N OU				d properly washed	tion by Hands	0	0			0	0	0 ※		Proper date n				s and records	0	0 0	
7 8	K O	0	0	No bare hand or alternate proces		eat foods or approved	0	0	5	-	IN	OUT		-	Time as a po		sumer A		is and records	ľ		
				Handwashing si	inks properly supplie Approved Sou		0	0	2	23	×	0	0		Consumer ad food				undercooked	0	0	4
9 8	K 0			Food obtained f	rom approved source	æ		0			IN	OUT	NA	NO		ghly Su	ceptible	e Populat	tions			
10 0		_			at proper temperatur andition, safe, and u		8	00	5	24	X	0	0		Pasteurized f	loods use	id; prohibi	ited foods i	not offered	0	0	5
	8 0	0	0	Required record destruction	ts available: shell st	ock tags, parasite	0	0			IN	OUT	NA	NO			Chemic	als				
	N OU			Pro	tection from Com	tamination				25	X	0	0		Food additive					0	8	5
	5			Food separated Food-contact su	infaces: cleaned and	d sanitized		8	5	26	N N	OUT	NA	NO	Toxic substar Confor				ocedures			
15 }	8 O			Proper dispositi served	on of unsafe food, re	eturned food not re-	0	0	2	27	0	0	×		Compliance v HACCP plan		nce, spec	cialized pro	ocess, and	0	0	5
			God	od Retail Prac	tices are prever	tive measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	, chemical	s, and p	hysical	objects	into foods.			
										L PR		ICE	5									
			00	T=not in complianc Col	:e mpliance Status	COS=com		R		inspe	ction				Co		(violation ce Statu		code provision)	COS	R	WT
28	00		teuriz	Saf ed eggs used wh	e Food and Wate	r	0		1		_	UT	lood a	nd no	Uter onfood-contact		d Equipm		designed			
29	0	Wa	ter and	d ice from approv		anth a da	0	0	2	45	5				and used		rereamaer	e, property	and they	0	0	1
30	00		ance		Temperature Con			0	1	46	5	٥V	Varew	ashin	g facilities, ins	stalled, m	aintained,	used, tes	t strips	0	0	1
31	0	Pro		oling methods us	ed; adequate equip	ment for temperature	0	0	2	47	_	∧ C UT	Vonfoo	d-cor	ntact surfaces		Facilitie	-		0	0	1
32		Plar	nt food	d properly cooked				0	1	48	5 0	o ⊦			f water availab	ole; adeq	uate press				0	2
33	_			thawing method eters provided an			8	0	1	49	_	_			stalled; proper waste water p						0	2
	Ő				od Identification	I	Ľ		_	51					es: properly co			d, cleaned			ŏ	1
35	0	Foo	d prog	perly labeled; orig	inal container; requi	red records available	0	0	1	52	2 0	<b>o</b>   a	Sarbag	e/refi	use properly d	lisposed;	facilities r	maintained	i	0	0	1
	00	-			n of Food Contam	nination				53	_	-			ilities installed						0	1
36	+-	-		odents, and anim			0	0	2	54	+-	-	vaequa	ne ve	entilation and li				ed.	0	0	1
37	-	-			during food preparat	ion, storage & display	0	0	1			UT				ministra	tive iter	ms				
38				cleanliness oths; properly use	ed and stored		0	0	1	55					nit posted inspection por	sted				0	0	0
40		Wa		fruits and vegetal	bles			0	1		-	_					e Statu	s tection A	-	YES	NO	WT
41	0	In-u		insils; properly st				0		57					with TN Non-S	Smoker F	Protection	Act Act	a	X	0	
42	0	Uter Sinc	nsils, ( gle-us	equipment and lin e/single-service a	tens; properly stored articles; properly stored	d, dried, handled red, used		0		58	5				ducts offered oducts are so		survey o	ompleted		0	0	0
44				sed properly				ŏ														
						) days may result in susper nent health hazards shall b																
manne	er and p	ost th	e most	recent inspection	report in a conspicuou	is manner. You have the rij 8-14-711, 68-14-715, 68-14-7	pht to r	eques														
		Z	$ \land $			11/1	0/2	021				1		$\sim$						11/1	0/2	021
Sign	ature o	f Per	son Ir	n Charge					Date	Sig	natu	re of	Envir	onme	ental Health S	Specialis	t			±±/ 1		Date
					*** Additional food	safety information car	be fo	und (	on ou									****				

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 629		
PH-2207 (Nev. 0-10)	Please call (	) 9012229200	to sign-up for a class.	NDA 025

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



### Establishment Information

Establishment Name: Sekisui East Establishment Number #: 605222344

NSPA Survey – To be completed if #57 is "No"	
Age-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are twenty-one (21) years of age or older.	
Age-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.	
Garage type doors in non-enclosed areas are not completely open.	
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	
	<u> </u>

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						

Equipment Temperature				
Description	Temperature (Fahrenheit)			
Cooler	34			
Deep freezer	8			
Walk in cooler	38			
Walk in freezer	2			

Food Temperature						
Description	State of Food	Temperature (Fahrenheit)				
Chicken	Cooking	180				
Tuna	Cold Holding	g 32				
Onion	Cold Holding	g 34				
Soup	Hot Holding	155				

#### Observed Violations

Total # 4

Repeated # ()

13: Food stored on the floor of the walk in cooler, under the three compartment sink

14: Clean ice guard (very moldy) and replace cutting boards throughout

34: Provide thermometers in all coolers and freezers

43: Plates, bowls open to contamination

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omments/Other Observations	

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: Sekisui East

Establishment Number: 605222344

Comments/Other Observations (cont'd)

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

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Sources		
Source Type:	Source:	

# Additional Comments