TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| ALC: NO | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--------------|---|---------|--|--|-----------------------|---------|--------|-----------|-----|----------------|----------|---------|------------|--|----------------------------|-----------------|------------|------------|
| Establishment Name | | | | | STIX (Food Svc) 4680 Morchapts Park | | | | | | | | | |) / | 7 | | | | |
| Establishment Name Address | | me | Type of Establishment Mobile 4680 Merchants Park O Temporary O Temporary O Seasonal | | | | | | | | |] - | Ŧ | ' | | | | | | |
| City | 055 | | | | Collierville Time in 03:00 PM AM / PM Time out 03:15; PM AM / PM | | | | | | | | | | | | | | | |
| Inspe | | ~ Di | ato. | | 02/06/2023 Establishment # 605219468 Embergoed 000 | | | | | | | | | | | | | | | |
| Purp | | | | | ORoutine | Follow-up | O Complaint | | | - O Pr | | | - | | Cor | nsuitation/Other | | | | |
| Risk | | | | | O 1 | 822 | 03 | | | 04 | | | | Fo | llow-i | up Required O Yes | 氨 No Numb | er of Seat | s 18 | 80 |
| | | R | isk | | | | | | | | | | | | | to the Centers for Dise control measures to pre | ase Control and Pr | eventio | | |
| | | | | | | FOODBOR | NE ILLNESS RI | SK F | ACT | ors | AND | PU | BLIC | HEA | LTH | INTERVENTIONS | | | | |
| IN- | in c | (Cr ompli | | algas | | (IR, OUT, RA, RO) for one of the second secon | NO=not observe | | lie ne | | | | | | | ach Item as applicable. Ceduc pection R=repeat (v | iolation of the same code | | y.) | _ |
| F | | 010 | NA | NO | Comp | liance Status Supervision | | COS | R | - | F | _ | | | | Compliance Stat Cooking and Reheating | | | S R | WT |
| \rightarrow | | 001 | - | 140 | | esent, demonstrates i | mowledge, and | 0 | 0 | 5 | | IN | OUT | | NO | Control For Safe | ty (TCS) Foods | | | |
| H | IN | OUT | NA | NO | performs duties | Employee Health | | | | - | | <u>凛</u> 0 | | | | Proper cooking time and tem Proper reheating procedures | | | | 5 |
| 2 3 | | 0 | | | Management and fo Proper use of restric | od employee awarene tion and exclusion | ess; reporting | 0 | 0 | 5 | | IN | ουτ | NA | NO | Cooling and Holding, De a Public He | ••• | | | |
| | IN | OUT | NA | NO | Geo | d Hygionic Practice | | | | | | 0 | 0 | | | Proper cooling time and temp | perature | - 0 | 0 | |
| | × | 0 | | 0 | No discharge from e | g, drinking, or tobacci eyes, nose, and mouth | 1 | 0 | 0 | 5 | 20 | | 0 | 0 | | Proper hot holding temperatu Proper cold holding temperat | ures | 0 |) 0) 0 | ה ה |
| | IN K | OUT O | NA | NO O | Preventin Hands clean and pr | g Contamination b operly washed | y Hands | 0 | 0 | | 21 | 80 | 0 | 0 笑 | | Proper date marking and disp Time as a public health contr | | rds O | | |
| | × | 0 | 0 | 0 | No bare hand conta alternate procedure | ct with ready-to-eat fo s followed | ods or approved | 0 | 0 | 5 | | IN | | NA | - | Consumer | | | 10 | |
| | IN | OUT | NA | NO | | properly supplied and Approved Source | accessible | 0 | | 2 | 23 | | 0 | | | Consumer advisory provided food | | ^{6d} 0 | 0 | 4 |
| 9 10 | S O | 0 | 0 | 2 | Food obtained from Food received at pre- | | | 0 | | | 24 | IN | OUT | NA 🐹 | | Highly Suscepti | | - | 0 0 | |
| 11 12 | 8 0 | 0 0 | ** | 0 | | ion, safe, and unadult vailable: shell stock ta | | 0 | 0 | 5 | - | O IN | 0 | | _ | Pasteurized foods used; prof | | 0 | 10 | ° |
| H | IN | OUT | NA | NO | destruction Protoct | tion from Contamin | ation | - | • | _ | 25 | 0 | 0 | | | Food additives: approved an | | - 10 | To | |
| | | 00 | | - | Food separated and Food-contact surface | i protected es: cleaned and sanit | ized | 00 | 0 | 4 | 26 | <u>実</u> IN | | r na | NO | Toxic substances properly id Conformance with A | | | ō | 1° |
| 15 | _ | 0 | - | | | f unsafe food, returne | | 0 | | 2 | 27 | 0 | 0 | 黨 | | Compliance with variance, sp HACCP plan | | 0 | 0 | 5 |
| | | | | Good | | a are preventive | mensures to co | atro | l the | inte | - | tion | | atho | | , chemicals, and physic | al objects into fee | | _ | — |
| | | | | _ | | | | | | ETAI | | | | | | , energiane paper | | | | |
| | _ | | | 00 | T=not in compliance Compl | iance Status | COS=corre | cted o | | during | | | | | | R-repeat (violati Compliance Str | on of the same code provis | | S R | wT |
| 28 | | OUT | | eurize | Safe F ed eggs used where r | ood and Water | | 0 | | 1 | | | UT | lood ar | vd so | Utensils and Equi nfood-contact surfaces clean | | | - | = |
| 29 | | 0 | Wab | er and | lice from approved s | | s | 0 | 0 0 | 2 | F | - | <u> </u> | constru | cted, | and used | | | - | + |
| | | OUT | | | Food Tem | perature Control | | | | _ | | _ | _ | | | g facilities, installed, maintain ntact surfaces clean | ed, used, test strips | 0 | - | |
| 31 | | 0 | cont | rol | | adequate equipment f | or temperature | 0 | 0 | 2 | 4 | 0 | UT | | | Physical Facilit | | 0 | | |
| 32 | | | | | properly cooked for thawing methods use | | | 8 | 0 | | | _ | | | | water available; adequate pr stalled; proper backflow device | | | 8 | |
| 34 | - | O OUT | Ther | mom | eters provided and a Food | courate | | 0 | 0 | 1 | | _ | | | | waste water properly dispose is: properly constructed, supp | | 0 | | |
| 35 | - | × | Food | d prop | | container; required re | cords available | 0 | 0 | 1 | | _ | | | | use properly disposed; facilitie | | 0 | | |
| | | OUT | | | | Feed Contaminati | on | | | | | _ | - | | | lities installed, maintained, an | | 0 | _ | |
| 36 | - | | - | | dents, and animals r | | | 0 | 0 | 2 | 5 | - | - | Adequa | de ve | ntilation and lighting; designal | | 0 | 0 | 1 |
| 37 | _ | | | | ation prevented durin | g food preparation, st | orage & display | 0 | 0 | 1 | 6 | | UT Ř | Current | norm | Administrative in nit posted | ems | $ \rightarrow $ | 0 0 | |
| - 39 | - | 26 | Wip | ng clo | ths; properly used an | | | 0 | 0 | 1 | | | | | | inspection posted | | 0 | 0 0 | न ° । |
| 40 | _ | OUT | | | | Use of Utensils | | 0 | | | | | | | | Compliance Sta Non-Smokers P | rotection Act | | - | D WT |
| 41 | _ | _ | | | nsils; properly stored equipment and linens | ; properly stored, drie | d, handled | 8 | 8 | | | 8 | | | | with TN Non-Smoker Protecti ducts offered for sale | on Act | | 8 | • |
| 43 | _ | | | | a/single-service article ed properly | es; properly stored, us | ied | 8 | 8 | 1 | 5 | 9 | 1 | ftobac | co pri | oducts are sold, NSPA surve | / completed | 0 | 0 | 1 |
| | | | | | | | | | | | | | | | | Repeated violation of an identic | | | | |
| mann | er a | | st the | most | recent inspection report | | ner. You have the rig | ht to r | eques | | | | | | | e. You are required to post the filling a written request with the C | | | | |
| | _ | Þ | K | Y | HY | 11 | 02/0 | | | 3 | | 1 | Z | - (| 7 | 1 11. | | 02 | /06/ | /2023 |
| Sign | atur | re of | Pers | son In | Charge | \sim | 02/0 | | _ | Date | Si | , Jaarl | ire of | Envin | onme | that Health Specialist | | | | Date |
| | | | | | | | 7 | | | | | | | | · | ealth/article/eh-foodservic | e **** | | | |
| PH-2 | H-2257 (Rev. 6-15) Free food safety training classes are available each month at the county health department. Please call () 9012229200 to sign-up for a class. | | | | | | | | | | | onth | | | | | RDA 629 | | | |

| PH-2267 (Rev. 6-15) | Free food safety training cla | isses are available each mor | nth at the county health department. | RDA 62 |
|---------------------|-------------------------------|------------------------------|--------------------------------------|--------|
| (Net: 0-15) | Please call (|) 9012229200 | to sign-up for a class. | 104.02 |

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: STIX (Food Svc) Establishment Number # 605219468

| 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. | |
| | |

| Warewashing Info | | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | | |
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| Equipment Temperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | | | | | |
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| ecoription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
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Total # 7 Repeated # ()

35: Unlabeled food in coolers

37: Uncovered food in cooler. Food should be stored at lease 6 inches off the floor. Please keep buckets of food off floor.

39: Wiping cloths stored on cutting boards. Please place in sanitizer bucket.41: Ice scoop was sitting on rack at drink machine. Please place in scoop holder, place in ice with handle up or place in container. Scoop in seasoning containers handles are touching the season. Handle should not touch food.44: The same gloves employee used to handle raw shrimp and raw beef were

used to handle ready to eat food. Please change gloves in between handling raw food and ready to eat food.

54: Light bulb under ventilation hood is blown out

55: Permit is current.

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Comments/Other Observations

1: 2: 3: 4: 5:

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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: STIX (Food Svc)

Establishment Number : 605219468

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: STIX (Food Svc) Establishment Number #: 605219468

| Sources | | |
|---------------------|---------|--|
| Source Type: | Source: | |
| Additional Comments | | |

Violation #8 was corrected. Violation #13 was corrected. Violation #21 was corrected. Violation #26 was corrected.

Oner paid for food permit.