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

SCORE

N.																O Fermer's Market Food Unit		7	
Estab	lishr	men	t Nar	ne								Тур	xe of E	Establi	shme	E Parmanant O Mohila		1	
Addre	65					ENDENHAL										O Temporary O Seasonal			
City					Memphis		Time in	01	L:2	0 F	M	_ A	M/P	M Tir	ne ou	и <u>01:25</u> : <u>РМ</u> ам/рм			
Inspe	ction	n Da	te		12/13/2	022 Establish	ment # 60524936	5			Emba	irgoe	d 0						
Purpo	sec	of In	spect		ORoutine	圖 Follow-up	O Complaint			-	elimin				Cor	nsultation/Other			
Risk (	Cate	goŋ	/		<b>O</b> 1	222	03			<b>O</b> 4	4 Follow-up Required O Yes 🕅 No Number of Seats							76	
		R														I to the Centers for Disease Control and Preven			
	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 (IH, OUT, HA, NO) for each sumbered liem. For items marked OUT, mark COS or R for each liem as applicable. Deduct points for category o									ach item as applicable. Deduct points for category or subcat										
IN-1	n ca	mplia	nce			pliance NA=not app pmpliance Statu		ed COS	R		)s=co	rrecte	d on-s	ite duri	ng ins	pection R=repeat (violation of the same code provis Compliance Status		R	WT
1	N C	DUT	NA	NO		Supervisie						IN	оυт	NA	NO	Cooking and Roberting of Time/Temperature Control For Safety (TCS) Foods			
		0			Person in charge performs duties		rates knowledge, and	0	0	5		0	-			Proper cooking time and temperatures	0	8	5
2			NA	NO	Management a	Employee He nd food employee a		0	П	_	17	0		×		Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and Time as	0	0	-
_	_	0			-	estriction and exclus		0	0	5		IN	OUT	NA	NO	a Public Health Control			
		лл О	NA			Good Hygionic Pr tasting, drinking, or t		0			18 19	0	0	×	-	Proper cooling time and temperature Proper hot holding temperatures	0	<u> </u>	
5 8	K	0		0	No discharge fr	rom eyes, nose, and	mouth	ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures	0	0	5
		0	NA			nting Contamina nd properly washed	tion by Hands	0	0		21	0 0	0	0 ※		Proper date marking and disposition Time as a public health control: procedures and records	0	0 0	
7 8	ĸ	0	0	0	No bare hand o alternate proce		-eat foods or approved	0	0	5	-	IN	OUT		NO	Consumer Advisory	-	9	
8 3			NA			anks properly supple Approved Set		0	0	2	23	0	0	2		Consumer advisory provided for raw and undercooked food	0	0	4
9 8	K	0				from approved sour	ce ec		0			IN	OUT	NA	NO	Highly Susceptible Populations			
10 0	D K	8	0	×	Food in good o	at proper temperatu ondition, safe, and u	nadulterated	8	0	5	24	0	0	X		Pasteurized foods used; prohibited foods not offered	0	0	5
12 (	Þ	0	×	0	Required recor destruction	ds available: shell st	ock tags, parasite	0	0			IN	ουτ	NA	NO	Chemicals			
13 Σ		) О		NO		d and protected	tamination	0		4	25	<b>0</b> 溪	0	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	0	<u> </u>	5
14 8	X				Food-contact s	urfaces: cleaned an		ŏ	ŏ		20			NA	_	Conformance with Approved Precedures		_	
15 8	8	0			Proper disposit served	ion of unsafe food, r	eturned food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
				Goo	d Rotall Prov	tices are preve	the measures to co	atro	1 10.0	inte	oduc	tion	of	atho		, chemicals, and physical objects into foods.			
				_				GOO								i energend and hilleren erleene mie reeser			
				00	renot in complian	ce mpliance Status	COS=com	ected o		during						R-repeat (violation of the same code provision) Compliance Status	008		WT
	_	DUT			84	fe Food and Wate			_			0	UT			Utensils and Equipment		~ 1	
28					d eggs used wi Tice from appro			0	0	2	4	5				nfood-contact surfaces cleanable, properly designed, and used	0	٥	1
30		0 )UT	Varia	ince c		cialized processing r Temperature Cor		0	0	1	4	6 1	a v	Varews	ashin	g facilities, installed, maintained, used, test strips	0	0	1
31	T						ment for temperature	0	0	2	4	_	-	lonfoo	s-con	tact surfaces clean	0	0	1
32	+	-	contr Plant		properly cooke	d for hot holding		0		1	4	_	UT O⊦	lot and	cold	Physical Facilities water available; adequate pressure	0	0	2
33 34	_	_			thawing method iters provided a			0	0	1	4	_	_			talled; proper backflow devices waste water properly disposed	0	0	2
34	_	ш	The			ood identification	1	Ľ		<u> </u>	5	_	-			is: properly constructed, supplied, cleaned	-	ŏ	1
35		×	Food	i prop	erly labeled; ori	ginal container; requ	ired records available	0	0	1	5	2	<b>o</b>   9	larbag	e/refi	use properly disposed; facilities maintained	0	٥	1
20	- 12	זענ	laces			on of Feed Contan	nination			-	5	_	_			ities installed, maintained, and clean	0	0	1
36	+	-				hals not present		0	0	2	5	-	-	dequa	te ve	ntilation and lighting; designated areas used	0	0	1
37	_	_			-	during food preparat	ion, storage & display	0	0	1			UT			Administrative items		-	
38	_	-			leanliness ths: properly us	ed and stored		0	0	1	5					nit posted inspection posted		0	0
40	_	O JUT	Was	hing f	ruits and vegeta			0	0	1		-	_			Compliance Status			WT
41		0			nsils; properly s				0		5					Non-Smokers Protection Act with TN Non-Smoker Protection Act	X	0	
42						nens; properly store articles; properly sto		0		1	5					ducts offered for sale oducts are sold, NSPA survey completed	8	0	0
44		0	Glov	es us	ed properly			0	0	1									
servic	e est	ablis	hmen	t perm	sit. Items identifie	d as constituting immi	inent health hazards shall b	e corre	cted i	mmed	iately	or op	eration	is shall	cease	Repeated violation of an identical risk factor may result in revor e. You are required to post the food service establishment permi	t in a c	onsp	icuous
							us manner. You have the rij 8-14-711, 68-14-715, 68-14-7			t a hei	aring r	egard	ling th	is repor	t by f	lling a written request with the Commissioner within ten (10) days	of the	date	of this
<u> </u>	6	5	2	$\geqslant$		2		13/2	022	>			>	- (	l	F	12/1	3/2	2022
Signa	ature	e of	Pers	on In	Charge			_0,2	_	Date	Sic	gnatu	re of	Envire	nme	ental Health Specialist			Date
						**** Additional foo	d safety information car	n be fo								ealth/article/eh-foodservice			
						E													

PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mor	nth at the county health department.	RDA 629
(Nev. 0-10)	Please call (	) 9012229200	to sign-up for a class.	HDR 025

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



#### Establishment Information

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Establishment Name: AMERICAN DELI Establishment Number #: 605249365

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.	Yes
Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification.	Yes
"No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance.	Yes
Garage type doors in non-enclosed areas are not completely open.	Yes
Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.	Yes
Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	Yes
Smoking observed where smoking is prohibited by the Act.	Yes
	_

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							

Equipment l'emperature									
Decoription	Temperature (Fahrenheit)								

escription	State of Food	Temperature ( Fahrenheit

#### Observed Violations

Total # 3

Repeated # 0

35: Unlabeled food in cooler.

37: Pieces of ham laying on top of package in prep cooler. Please place back in bag. Frozen beef patties on freezer shelf. Please place back in bag.

46: Sanitizer test strips are not available

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#### Establishment Information

Establishment Name: AMERICAN DELI Establishment Number : 605249365

Comments/Other Observations	
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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: AMERICAN DELI

Establishment Number: 605249365

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