

SHELBY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL SANITATION

814 JEFFERSON AVENUE
MEMPHIS, TN 38105
901-222-9203

FOOD SERVICE ESTABLISHMENT INSPECTION

- REGULAR
- FOLLOW-UP
- COMPLAINT
- CONSULTATION
- INVESTIGATION
- OTHER
- NEW
- CHANGE
- FOLLOWUP REQD
- MFG/WH/GD F S

	Y	N
PERMIT POSTED	<input type="checkbox"/>	<input type="checkbox"/>
CORRECT FEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC SEWER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRITICAL LETTER INSP RPT AVAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ESTABLISHMENT: Flight OWNER: Flight Memphis, LLC FOLLOW-UP DATE: _____

ADDRESS: 39 S. Main CITY: Memphis ZIP: 38103 LAST INSP DATE: _____

605-1

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ITEM	DESCRIPTION	WT.
FOOD		
<input type="checkbox"/> *01	Source <input type="checkbox"/> sound condition <input type="checkbox"/> no spoilage <input type="checkbox"/>	5
<input type="checkbox"/> *02	Original container, properly labeled	1
FOOD PROTECTION		
<input type="checkbox"/> *03	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transportation	5
<input type="checkbox"/> *04	Facilities to maintain product temperature	4
<input checked="" type="checkbox"/> *05	Thermometers provided and conspicuous, accurate	1
<input type="checkbox"/> *06	Potentially hazardous food properly covered	2
<input type="checkbox"/> *07	Cross-contamination prevented: damaged food segregated <input type="checkbox"/> Unwrapped <input type="checkbox"/> potentially hazardous food not re-served <input type="checkbox"/>	4
<input checked="" type="checkbox"/> *08	Food protection during storage, preparation, display, service, transportation	2
<input type="checkbox"/> *09	Handling of food (ice) minimized	2
<input checked="" type="checkbox"/> *10	In use food (ice) dispensing utensils properly stored	1
PERSONNEL		
<input type="checkbox"/> *11	Personnel with infections restricted	5
<input type="checkbox"/> *12	Hands washed and clean, good hygienic practices	5
<input type="checkbox"/> *13	Clean clothes, hair restraints	1
FOOD EQUIPMENT & UTENSILS		
<input checked="" type="checkbox"/> *14	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	2
<input checked="" type="checkbox"/> *15	Non-food contact surfaces: designed, constructed, maintained, installed, located	1
<input checked="" type="checkbox"/> *16	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	2
<input type="checkbox"/> *17	Accurate thermometers, and chemical test kit(s) provided, gauge cock (1/4" IPS Valve)	1
<input type="checkbox"/> *18	Pre-flushed, scraped, soaked	1
<input type="checkbox"/> *19	Wash, rinse water: clean, proper temperature	2
<input type="checkbox"/> *20	Sanitation rinse: clean, temperature, concentration, time, Equipment, utensils sanitized Manual <input type="checkbox"/> Mechanical <input type="checkbox"/>	4
<input type="checkbox"/> *21	Wiping cloths: clean, use restricted	1
<input checked="" type="checkbox"/> *22	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2
<input type="checkbox"/> *23	Non-food contact surfaces of equipment and utensils clean	1
<input checked="" type="checkbox"/> *24	Storage, handling of clean equipment, utensils	1
<input type="checkbox"/> *25	Single-service articles, storage, dispensing	1
<input type="checkbox"/> *26	No re-use of single service articles	2
WATER		
<input type="checkbox"/> *27	Source: safe <input type="checkbox"/> hot & cold under pressure <input type="checkbox"/>	15

ITEM	DESCRIPTION	WT.
SEWAGE		
<input type="checkbox"/> *28	Sewage and waste water disposal	4
PLUMBING		
<input type="checkbox"/> *29	Installed, maintained	1
<input type="checkbox"/> *30	Cross-connection, back siphonage, backflow	5
TOILET & HANDWASHING FACILITIES		
<input type="checkbox"/> *31	Number <input type="checkbox"/> convenient <input type="checkbox"/> accessible <input type="checkbox"/> designed <input type="checkbox"/> installed <input type="checkbox"/>	4
<input type="checkbox"/> *32	Toilet rooms: enclosed, self-closing doors. Fixtures: good repair, clean. Tissue, hand cleaner, sanitary towels/hand-drying devices and proper waste receptacles	2
GARBAGE & REFUSE DISPOSAL		
<input type="checkbox"/> *33	Containers or receptacles: covered, adequate number, insect/rodent resistant, pick-up frequency, clean	2
<input type="checkbox"/> *34	Outside storage area and enclosures: properly constructed, clean, controlled incineration	1
INSECT, RODENT, ANIMAL CONTROL		
<input type="checkbox"/> *35	Presence of insects <input type="checkbox"/> rodents <input type="checkbox"/> outer openings protected <input type="checkbox"/> no birds, turtles, other animals <input type="checkbox"/>	4
FLOORS, WALLS & CEILINGS		
<input checked="" type="checkbox"/> *36	Floors: constructed, drained, clean, good repair, covering, installation, dustless cleaning methods	1
<input type="checkbox"/> *37	Walls, ceilings: attached equipment, constructed, clean surfaces, good repair, dustless cleaning methods	1
LIGHTING		
<input checked="" type="checkbox"/> *38	Lighting provided as required. Fixtures shielded	1
VENTILATION		
<input type="checkbox"/> *39	Rooms and equipment-vented as required	1
DRESSING ROOMS		
<input type="checkbox"/> *40	Rooms clean, lockers provided, facilities clean, located	1
OTHER OPERATIONS		
<input type="checkbox"/> *41	Toxic items: properly stored <input type="checkbox"/> labeled <input type="checkbox"/> used <input type="checkbox"/> displayed <input type="checkbox"/>	1
<input type="checkbox"/> *42	Premises maintained free of litter, unnecessary articles, cleaning, maintenance equipment properly stored. Authorized personnel	1
<input type="checkbox"/> *43	Complete separation from living/sleeping quarters, laundry	1
<input type="checkbox"/> *44	Clean, soiled linen properly stored	1

Post Inspection

Y/N: Certified Manager

RECEIVED BY: [Signature] TITLE: chef DATE: 6/19/12

SCORE	0	1	2	3	4	5	6	7	8	9
86										
/100										

* = IDENTIFIES CRITICAL ITEMS

INSPECTOR: [Signature] TIME IN/OUT: 2:15/2:25

FAILURE TO CORRECT ANY VIOLATIONS OF CRITICAL ITEMS WITHIN TEN (10) DAYS MAY RESULT IN SUSPENSION OF YOUR ESTABLISHMENT PERMIT. REPEATED VIOLATION OF IDENTICAL CRITICAL ITEM CATEGORY MAY RESULT IN REVOCATION OF YOUR ESTABLISHMENT PERMIT. ITEMS IDENTIFIED AS CONSTITUTING IMMINENT HEALTH HAZARDS SHALL BE CORRECTED IMMEDIATELY OR OPERATIONS SHALL CEASE. YOU ARE REQUIRED TO FRAME AND POST THE ESTABLISHMENT PERMIT IN A CONSPICUOUS MANNER AND TO KEEP THIS INSPECTION REPORT AVAILABLE AT THIS FACILITY FOR PUBLIC DISCLOSURE TO ANY PERSON WHO REQUESTS TO REVIEW IT. YOU HAVE THE RIGHT TO REQUEST A HEARING REGARDING THIS REPORT BY FILING A WRITTEN REQUEST WITH THE DIRECTOR OF COMMISSIONER WITHIN TEN (10) DAYS OF THE DATE OF THIS REPORT. T.C.A. SECTIONS 66-14-205, 66-14-207, 66-14-209, 66-14-317, 66-14-318, AND 66-327. TCA 53-8-101, 209, 210, 212, 216, 217.

OFFICE COPY

SHELBY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL SANITATION

814 JEFFERSON AVENUE
MEMPHIS, TN 38105
901-222-9203

FOOD SERVICE ESTABLISHMENT INSPECTION

PERMIT POSTED	<input type="checkbox"/>	Y	N
CORRECT FEE	<input checked="" type="checkbox"/>		
PUBLIC WATER	<input checked="" type="checkbox"/>		
PUBLIC SEWER	<input checked="" type="checkbox"/>		
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CRITICAL LETTER
INSP RPT AVAIL

REGULAR	<input checked="" type="checkbox"/>
FOLLOW-UP	<input type="checkbox"/>
COMPLAINT	<input type="checkbox"/>
CONSULTATION	<input type="checkbox"/>
INVESTIGATION	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
NEW	<input type="checkbox"/>
CHANGE	<input type="checkbox"/>
FOLLOWUP REQD	<input type="checkbox"/>
MFG/WH/GD	<input type="checkbox"/>

ESTABLISHMENT: Flight
ADDRESS: 39 S. Main
CITY: Memphis
ZIP: 38103
LAST INS. DATE: 9-7-12
OWNER: Flight Memphis, LLC
FOLLOW-UP DATE:
MFG/WH/GD: F S

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ITEM	DESCRIPTION	WT.
FOOD		
*01	Source <input type="checkbox"/> sound condition <input type="checkbox"/> no spoilage <input type="checkbox"/>	5
<input type="checkbox"/> 02	Original container, properly labeled	1
FOOD PROTECTION		
<input checked="" type="checkbox"/> 03	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transportation	5
<input type="checkbox"/> 04	Facilities to maintain product temperature	4
<input checked="" type="checkbox"/> 05	Thermometers provided and conspicuous, accurate	2
<input type="checkbox"/> 06	Potentially hazardous food properly thawed	2
*07	Cross-contamination prevented: damaged food segregated <input type="checkbox"/> Unwrapped <input type="checkbox"/> potentially hazardous food not re-served <input type="checkbox"/>	4
<input checked="" type="checkbox"/> 08	Food protection during storage, preparation, display, service, transportation	2
<input type="checkbox"/> 09	Handling of food (ice) minimized	2
<input checked="" type="checkbox"/> 10	In use food (ice) dispensing utensils properly stored	1
PERSONNEL		
<input type="checkbox"/> 11	Personnel with infections restricted	5
<input type="checkbox"/> 12	Hands washed and clean, good hygienic practices	5
<input type="checkbox"/> 13	Clean clothes, hair restraints	1
FOOD EQUIPMENT & UTENSILS		
<input checked="" type="checkbox"/> 14	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	2
<input checked="" type="checkbox"/> 15	Non-food contact surfaces: designed, constructed, maintained, installed, located	1
<input checked="" type="checkbox"/> 16	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	2
<input type="checkbox"/> 17	Accurate thermometers, and chemical test kit(s) provided, gauge cock (1/4" IPS Valve)	1
<input type="checkbox"/> 18	Pre-flushed, scraped, soaked	1
<input type="checkbox"/> 19	Wash, rinse water: clean, proper temperature	2
*20	Sanitation rinse: clean, temperature, concentration, time. Equipment, utensils sanitized Manual <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/>	4
<input type="checkbox"/> 21	Wiping cloths: clean, use restricted	1
<input checked="" type="checkbox"/> 22	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2
<input type="checkbox"/> 23	Non-food contact surfaces of equipment and utensils clean	1
<input checked="" type="checkbox"/> 24	Storage, handling of clean equipment, utensils	1
<input type="checkbox"/> 25	Single-service articles, storage, dispensing	1
<input type="checkbox"/> 26	No re-use of single service articles	2
WATER		
*27	Source: safe <input type="checkbox"/> hot & cold under pressure <input type="checkbox"/>	5

ITEM	DESCRIPTION	WT.
SEWAGE		
<input type="checkbox"/> *28	Sewage and waste water disposal	4
PLUMBING		
<input type="checkbox"/> 29	Installed, maintained	1
<input type="checkbox"/> *30	Cross-connection, back siphonage, backflow	5
TOILET & HANDWASHING FACILITIES		
*31	Number <input type="checkbox"/> convenient <input type="checkbox"/> accessible <input type="checkbox"/> designed <input type="checkbox"/> installed <input type="checkbox"/>	4
<input type="checkbox"/> 32	Toilet rooms: enclosed, self-closing doors. Fixtures: good repair, clean. Tissue, hand cleanser, sanitary towels/hand-drying devices and proper waste receptacles	2
GARBAGE & REFUSE DISPOSAL		
<input type="checkbox"/> 33	Containers or receptacles: covered, adequate number, insect/rodent resistant, pick-up frequency, clean	2
<input type="checkbox"/> 34	Outside storage area and enclosures: properly constructed, clean, controlled incineration	1
INSECT, RODENT, ANIMAL CONTROL		
*35	Presence of insects <input type="checkbox"/> rodents <input type="checkbox"/> outer openings protected <input type="checkbox"/> no birds, turtles, other animals <input type="checkbox"/>	4
FLOORS, WALLS & CEILINGS		
<input checked="" type="checkbox"/> 36	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods	1
<input type="checkbox"/> 37	Walls, ceilings: attached equipment, constructed, clean surfaces, good repair, dustless cleaning methods	1
LIGHTING		
<input checked="" type="checkbox"/> 38	Lighting provided as required. Fixtures shielded	1
VENTILATION		
<input type="checkbox"/> 39	Rooms and equipment-vented as required	1
DRESSING ROOMS		
<input type="checkbox"/> 40	Rooms clean, lockers provided, facilities clean, located	1
OTHER OPERATIONS		
*41	Toxic items: properly stored <input checked="" type="checkbox"/> labeled <input type="checkbox"/> used <input type="checkbox"/> displayed <input type="checkbox"/>	1
<input type="checkbox"/> 42	Premises maintained free of litter, unnecessary articles, cleaning, maintenance equipment properly stored. Authorized personnel	1
<input type="checkbox"/> 43	Complete separation from living/sleeping quarters, laundry	1
<input type="checkbox"/> 44	Clean, soiled linen properly stored	1
<input type="checkbox"/>	Followup completed on this date	
Y N	Certified Manager	

Failure to correct any violations of critical item(s) within ten (10) days may result in suspension of your establishment permit. Repeated violation of identical critical item category may result in revocation of your establishment permit. Item(s) identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to frame and post the establishment permit in a conspicuous manner and to keep this inspection report available at this facility for public disclosure to any person who requests to review it. You have the right to request a hearing regarding this report by filing a written request with the Director/Commissioner within ten (10) days of the date of this report. T.C.A. Sections 68-14-305, 68-14-307, 68-14-309, 68-14-311, 68-14-318, and 68-14-320.

INSPECTOR: *Donna Owens*
RECEIVED BY: *Joshua Perkins*
TITLE: *Chief*
DATE: *11/8/12*

TIME IN/OUT: *12:00/2:15*

OFFICE COPY: *Joshua Perkins*

SCORE: **72** / 100

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

* = IDENTIFIES CRITICAL ITEMS

SHELBY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SANITATION

Establishment Flight Address 39 S. Main
Inspection Report: By Angie Owens Date 11-8-12 Time 12:00

REMARKS (See Page 1 for Violations & Grade):

* Inspection Report not posted in establishment. (Post at All-Trade Service Area.)

OK - Utensil racks in handsink. (remove) ^{handsink is not in use} _{* Remaining sink}

41 - Spray bottle with fabric wrinkle relief stored above clean utensils. (remove) - corrected

08 - Employee drink cup with lid & straw stored next to clean plates. (store cups away from food & food contact equipment)

DRY - STORAGE AREA: (Downstairs)

08 - Fish fry in box uncovered. (cover)

14 - Plastic container storing seasoning cracked with hole on side. (discard)

03 - Turkey in reach-in cooler → 43°F

03 - Ham in reach-in cooler → 45°F (Maintain at 41°F or below)

Staging Kitchen Downstairs:

14 - Scoop handles stored in sugar & flour in bins. (store handles up out of food items)

41 - Bleach & insect spray stored on shelf with sugar & flour. (remove) (on top of container w/ bread)

41 - Bleach & insect spray stored together. (separate)

~~08~~ Note: 2 comp. sink downstairs is prep sink; do not wash dishes in 2 comp. sink. Dishes must be washed, rinsed, & sanitized upstairs

Reinspection Date

Received by

Page 2 of 2

SHELBY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SANITATION

Establishment Flight Address 39 S. Main
Inspection Report: By Tracy Owens Date 11-8-17 Time 12:00

REMARKS (See Page 1 for Violations & Grade):

Downstairs cont'd:

- 08- Eggs stored above ready-to-eat food in reach-in cooler. (store eggs below ready-to-eat foods)
- 08- Food uncovered in reach-in cooler. (cover)
- OK- Turkey breast in reach-in cooler $\rightarrow 42^{\circ}\text{F}$
- OK- Raw beef in section cooler $\rightarrow 37^{\circ}\text{F}$
- 24- Clean bowl stored right side up. (invert)

DRY STORAGE UPSTAIRS:

- 08- Beef stock in containers uncovered under electrical panel box. (remove & cover)
- 24- Clean pans on floor. (elevate)
- 08- Corn starch in box open. (close)

Kitchen Area:

- 20- Food stuck on ladles hanging on shelf. (ladles must be properly washed, rinsed, & sanitized)

OK- Quail in lower cooler $\rightarrow 41^{\circ}\text{F}$

OK- Hadibut " " " $\rightarrow 41^{\circ}\text{F}$

03- Chicken pre-cooked in make unit $\rightarrow 50^{\circ}\text{F}$

03- Crawfish in make unit $\rightarrow 48^{\circ}\text{F}$

Maintain at 41°F or below.

24- Pans under table dirty. (clean)

OK- Etouffee on steam unit $\rightarrow 150^{\circ}\text{F}$

OK- Rice " " " $\rightarrow 148^{\circ}\text{F}$

36- Grease build-up on floor, under fryers. (clean)

10- Scoop stored in standing water. (remove)

Reinspection Date _____

Received by _____

Page 2 of 2

SHELBY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SANITATION

Establishment Flight Address 39 S. Main
Inspection Report: By Angie Owens Date 11-8-12 Time 12:00

REMARKS (See Page 1 for Violations & Grade):

SALAD AREA:

- OK - Boiled eggs \rightarrow 37°F
- 24 - Clean plates stored on top shelf right side up. (invert or store under shelf)
- 25 - No thermometer in lower freezer. (provide) - corrected
- 22 - Mold inside ice machine in service area. (clean)

SERVICE AREA:

- 15 - Linen lining table with glasses. (remove)
- 2A - Knives on holder dirty. (clean)

WASH AREA:

- 38 - No light shield on lights. (provide)
- OK - Dishwasher chl \rightarrow 100ppm
- 16 - Top of dishwasher between sliding doors dirty. (clean)

WALK-IN-COOLER:

- 08 - Pans of food on floor. (elevate)
- OK - Gumbo \rightarrow 41°F OK - Rice \rightarrow 41°F OK - Fish \rightarrow 37°F
- OK - Lobster \rightarrow 39°F

**Critical violations circled.

** Health Dept. offers free food handler classes
once a month. Next classes:
Nov. 14th & Dec. 12th

Reinspection Date _____

Received by Angie Owens