

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

- PERMIT POSTED
- CORRECT FEE
- PUBLIC WATER
- PUBLIC SEWER
- CRITICAL LETTER
- INSP RPT AVAIL

ESTABLISHMENT: Pearl's Oyster House OWNER: Kay Porter

ADDRESS: 299 S. Main CITY: Memphis ZIP: 38103

FOLLOW-UP DATE: _____ LAST INSP DATE: _____

ENV. NO.	CLIENT #	ESTAB. NO.	INSP. DATE	INSP. LENGTH	CO. #	NO. SEATS	SEIZE/HOLD	TOB	EGGS CANDLED
0831	20	198330	102912	:30	79			44	
0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9

ITEM	DESCRIPTION	WT.
FOOD		
*01	Source <input type="checkbox"/> sound condition <input type="checkbox"/> no spoilage <input type="checkbox"/>	5
02	Original container, properly labeled	1
FOOD PROTECTION		
*03	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transportation	5
*04	Facilities to maintain product temperature	4
05	Thermometers provided and conspicuous, accurate	1
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
08	Food protection during storage, preparation, display, service, transportation	2
09	Handling of food (ice) minimized	2
10	In use food (ice) dispensing utensils properly stored	1
PERSONNEL		
*11	Personnel with infections restricted	5
*12	Hands washed and clean, good hygienic practices	5
13	Clean clothes, hair restraints	1
FOOD EQUIPMENT & UTENSILS		
14	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	2
15	Non-food contact surfaces: designed, constructed, maintained, installed, located	1
16	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	2
17	Accurate thermometers, and chemical test kit(s) provided, gauge cock (1/4" IPS Valve)	1
18	Pre-flushed, scraped, soaked	1
19	Wash, rinse water: clean, proper temperature	2
*20	Sanitation rinse: clean, temperature, concentration, time. Equipment, utensils sanitized Manual <input type="checkbox"/> Mechanical <input type="checkbox"/>	4
21	Wiping cloths: clean, use restricted	1
22	Food-contact surfaces of equipment and utensils clean, free of abrasives, detergents	2
23	Non-food contact surfaces of equipment and utensils clean	1
24	Storage, handling of clean equipment, utensils	1
25	Single-service articles, storage, dispensing	1
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		
*28	Sewage and waste water disposal	4
PLUMBING		
29	Installed, maintained	1
*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
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		
33	Containers or receptacles: covered, adequate number, insect/rodent resistant, pick-up frequency, clean	2
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		
36	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods	1
37	Walls, ceilings: attached equipment, constructed, clean surfaces, good repair, dustless cleaning methods	1
LIGHTING		
38	Lighting provided as required. Fixtures shielded	1
VENTILATION		
39	Rooms and equipment-vented as required	1
DRESSING ROOMS		
40	Rooms clean, lockers provided, facilities clean, located	1
OTHER OPERATIONS		
*41	Toxic items: properly stored <input type="checkbox"/> labeled <input type="checkbox"/> used <input type="checkbox"/> displayed <input type="checkbox"/>	5
42	Premises maintained free of litter, unnecessary articles, cleaning, maintenance equipment properly stored. Authorized personnel	1
43	Complete separation from living/sleeping quarters, laundry	1
44	Clean, soiled linen properly stored	1
Followup completed on this date		
<input checked="" type="checkbox"/> Certified Manager		

POST INSPECTION

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, 68-14-308, 68-14-317, 68-14-318, and 4-5-320.

INSPECTOR: [Signature] TIME IN/OUT: 3:00-3:30

RECEIVED BY: [Signature] TITLE: G.M.

DATE: 10/29/12

SCORE	0	1	2	3	4	5	6	7	8	9
87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CRITICAL LETTER
INSP RPT AVAIL

ESTABLISHMENT Pearl's Oyster House OWNER Ray Porter FOLLOW-UP DATE _____
 ADDRESS 29 S. Main CITY Memphis ZIP 38103 LAST INSP DATE 9/10/2012
605-1

ENV. NO.	CLIENT#	ESTAB. NO.	INSP. DATE	INSP. LENGTH	CO. #	NO. SEATS	SEIZE/HOLD	TOB	EGGS CANELED
0831	20	198330	102912	2:00	19			YK	
0-0-0-0	0-0	0-0-0-0-0-0	0-0-0-0-0-0	0-0-0-0	0-0	0-0-0-0	0-0-0-0	0-0-0	0-0-0-0
1-1-1-1	1-1	1-1-1-1-1-1	1-1-1-1-1-1	1-1-1-1	1-1	1-1-1-1	1-1-1-1	1-1-1	1-1-1-1
2-2-2-2	2-2	2-2-2-2-2-2	2-2-2-2-2-2	2-2-2-2	2-2	2-2-2-2	2-2-2-2	2-2-2	2-2-2-2
3-3-3-3	3-3	3-3-3-3-3-3	3-3-3-3-3-3	3-3-3-3	3-3	3-3-3-3	3-3-3-3	3-3-3	3-3-3-3
4-4-4-4	4-4	4-4-4-4-4-4	4-4-4-4-4-4	4-4-4-4	4-4	4-4-4-4	4-4-4-4	4-4-4	4-4-4-4
5-5-5-5	5-5	5-5-5-5-5-5	5-5-5-5-5-5	5-5-5-5	5-5	5-5-5-5	5-5-5-5	5-5-5	5-5-5-5
6-6-6-6	6-6	6-6-6-6-6-6	6-6-6-6-6-6	6-6-6-6	6-6	6-6-6-6	6-6-6-6	6-6-6	6-6-6-6
7-7-7-7	7-7	7-7-7-7-7-7	7-7-7-7-7-7	7-7-7-7	7-7	7-7-7-7	7-7-7-7	7-7-7	7-7-7-7
8-8-8-8	8-8	8-8-8-8-8-8	8-8-8-8-8-8	8-8-8-8	8-8	8-8-8-8	8-8-8-8	8-8-8	8-8-8-8
9-9-9-9	9-9	9-9-9-9-9-9	9-9-9-9-9-9	9-9-9-9	9-9	9-9-9-9	9-9-9-9	9-9-9	9-9-9-9

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INSPECTOR [Signature]
 TIME IN/OUT 1:00/3:00

RECEIVED BY [Signature]
 TITLE G.M.
 DATE 10/29/12

SCORE 0 1 2 3 4 5 6 7 8 9

82

100

SHELBY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SANITATION

Food Inspection Report Continued

Establishment

Pearl's Oyster House

Address

299 S. Main

Inspection Report: By

Lorin Owens

Date

10-29-12

Time

1:00

REMARKS (See Page 1 for Violations & Grade):

Cook Line:

13 - Employee preparing food without hair restraint.
(provide)

Prep Unit:

OK - Chicken → 42°F OK - Ham → 40°F

OK - Fish → 42°F OK - Sausage → 42°F

14 - Cutting board on prep unit has dark grooves.
(replace)

21 - Wet wiping cloths on counter. (store cloths in sanitizer
→ water in between each use)

28 - Salad uncovered in salad cooler. (cover)

28 - Shrimp uncovered in prep cooler. (cover)

28 - Shrimp stored in standing water. (drain
water)

OK - Shrimp in prep cooler → 39°F

OK - Catfish " " " → 39°F

22 - Inside microwave very dirty. (clean) → on cookline

21 - Wiping cloths stored in bucket of water only, no
sanitizer in water. (store cloths in sanitizer + water)

⑫ - Employees handling food without washing hands
~~before~~ prior to handling food when moving from
other stations. (employees must wash hands after
changing task + handling food)

28 - Box of corn starch open. (close)

Reinspection Date

Received by

X KC Lambert 10/29/12

SHELBY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SANITATION

Establishment Pearly's Oyster House Food Inspection Report Continued Address 299 S. Main
Inspection Report: By Arvin Owens Date 10-29-12 Time 1:00

REMARKS (See Page 1 for Violations & Grade):

- WALK-IN-COOLER:
- OK - Fish → 40°F
 - OK - Crab cakes dressed → 40°F
 - OK - Sausage → 41°F
 - OK - Oysters → 41°F
 - OK - Ham → 41°F
 - OK - Cooked Rice → 42°F
 - OK - Salmon → 41°F
 - OK - Cooked jambalaya → cooling down (90°F)
 - OK - Steak → 40°F
 - OK - Tuna → 40°F

- 3 Comp. sink area:
- 32 - No paper towels at handsink. (provide)
 - 14 - Cracked rubber spatulas hanging on holder. (discard)
 - 22 - Tongs hanging on holder dirty. (clean)

- Dishwasher Area:
- 16 - Around top of both doors on dishwasher dirty. (clean)
 - OK - Dishwasher sanitizer → 160°F +

- Service Area
- OK - Soup → 140°F
 - 10 - Slicing Knife stored in container w/ lemons. (remove; store knife on hard clean surface)

- Oyster Grill Area:
- 32 - No paper towels at handsink. (provide)

- DRY STORAGE:
- 15 - Box of plastic lids & foam cups on floor. (elevate)

Restrooms: OK Dumpster: OK

Reinspection Date _____ Received by KC. Jault 10/29/12