

Address

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit **MEMORIES CAFE** Remanent O Mobile Establishment Name Type of Establishment 1098 MURFREESBORO PIKE O Temporary O Seasonal

> Nashville Time in 01:28 PM AM/PM Time out 01:55: PM AM/PM

05/23/2024 Establishment # 605253587 Embargoed 0 Inspection Date

日本 Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 70 Risk Category О3 04 Follow-up Required O Yes 疑 No rted to the Centers for Di

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

rs (IN, OUT, NA, NO) for each nu

| 10 | N≃in c | compli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | CC | S=cor | recte | d on-si | te duri | ng int | spection | |
|--|--------|--------|---|------|--|--------------------------|-----|---------------|------------|-------|---------|---------|--------|------------------------|--|
| | | | | | Compliance Status | cos | R | WT | | | | | | C | |
| | IN | OUT | NA | NO | | | | | | IN | оит | NA. | NO | Cookin | |
| 1 | 羅 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 16 | 0 | 0 | 0 | 97 | Proper coo | |
| | IN | ОИТ | NA | NO | The state of the s | | | | 17 | _ | ŏ | ŏ | 8 | Proper reh | |
| 2 | X | | | | Management and food employee awareness, reporting | 0 | 0 | $\overline{}$ | - | Ť | Ť | Ť | | Cooling | |
| 3 | × | 0 | 5 IN OUT NA NO | | Cooling | | | | | | | | | | |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | × | Proper coo | |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 19 | 0 | 0 | 文 | 0 | Proper hot | |
| 5 | 黨 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | 0 | 20 | 245 | 0 | 0 | | Proper cold | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands 21 0 0 🔉 | | 200 | 0 | Proper dat | | | | | | |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | 22 | 0 | 0 | × | 0 | Time as a | |
| 7 | 왮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | 0 | 5 | | | _ | | _ | 11110 03 0 | |
| | | | _ | _ | alternate procedures followed | es followed IN OUT NA NO | | | | | | | | | |
| 8 | 200 | OUT | NA | LIPS | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 23 | 0 | ΙoΙ | 300 | | Consumer | |
| _ | IN | | NA | NO | | Approved Source | | food | | | | | | | |
| 9 | 黨 | 0 | _ | | Food obtained from approved source | 0 | 0 | | | IN | OUT | NA | NO | | |
| 10 | - | 0 | 0 | 26 | Food received at proper temperature | 0 | 0 | 5 | 24 | 0 | ΙoΙ | 320 | | Pasteurize | |
| The state of the s | | _ | Food in good condition, safe, and unadulterated | 0 | 0 | " | | | | | | | | | |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | OUT | NA | NO | | |
| | IN | OUT | NA | NO | Protection from Contamination | | | | 25 | | 0 | X | | Food addit | |
| 13 | Æ | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 2 | 0 | | | Taxic subs | |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conf | |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliano HACCP pla | |

| oxdot | | | | | Compliance Status | cos | R | WT |
|-------|----|-----|-----|-----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | 0 | 0 | 0 | 寒 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 300 | Proper reheating procedures for hot holding | 0 | 0 | ٠ |
| | IN | оит | NA | NO | Cooling and Holding, Date Marking, and Time as a Public Health Control | | | |
| 18 | 0 | 0 | 0 | × | Proper cooling time and temperature | 0 | 0 | |
| 19 | | 0 | 文 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 湖 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | 0 | 0 | 282 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 22 | 0 | 0 | × | 0 | Time as a public health control: procedures and records | 0 | 0 | |
| | IN | OUT | NA | NO | Consumer Advisory | | | |
| 23 | 0 | 0 | × | | Consumer advisory provided for raw and undercooked food | 0 | 0 | 4 |
| | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 24 | 0 | 0 | × | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | 9 |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

res to control the introduction of pathogens, chemicals, and physical objects into foods. Good Retail Practices are preventive m

PRACTICES

| | | | GOO | | |
|-------------------------|-----|--|-----|---|---|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | Г |
| 29 | 0 | Water and ice from approved source | 0 | 0 | |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | Ľ |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Г |
| OUT Food Identification | | | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | , |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 涎 | Insects, rodents, and animals not present | 0 | 0 | : |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | ļ |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | г |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | |
| 44 | 10 | Gloves used properly | 0 | 0 | |

| ect | Off | R-repeat (violation of the same code provision) Compliance Status | cos | R | W |
|-----|-----------------------------------|--|------|----|-----|
| | OUT | Utensiis and Equipment | 1000 | _~ | |
| 45 | M | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | 1 |
| 46 | 125 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | 1 |
| 47 | 凝 | Nonfood-contact surfaces clean | 0 | 0 | _ |
| | OUT | Physical Facilities | 1 | | |
| 48 | 0 | Hot and cold water available; adequate pressure | ि | ा | _ |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | -: |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | - 3 |
| 51 | 200 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 氮 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | ٠ |
| 53 | 3% | Physical facilities installed, maintained, and clean | 0 | 0 | - |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | | | |
| 55 | 0 | Current permit posted | 0 | 0 | П |
| 56 | 张 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | 100 | _ | П |
| 58 | Tobacco products offered for sale | | | 0 | ١ ١ |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | ш |

nd post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this rep C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. ten (10) days of the date of th

3 M

Signature of Person In Charge

05/23/2024 Date 05/23/2024

**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****

Free food safety training classes are available each month at the county health department. PH-2267 (Rev. 6-15) RDA 629) 6153405620 Please call (to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Name: MEMORIES CAFE Establishment Name: MEMORIES CAFE Establishment Name: MEMORIES CAFE Establishment Name: #E (605253587) **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 thenth-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 Booking" signs or the international "Non-Omoking" 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. **Booking observed where smoking is prohibited by the Act. **Warewashing Info** **Machine Name** **Sanifizer Type** **PPM** **Temperature (Fahrenhelt) **Equipment Temperature** **Description** **Temperature** **Food Temperature** **Description** **Temperature** **Temper | | | | | | | | | |
|--|---|-------------------------------------|-------------------------------|------------------------|----------|--|--|--|--|
| ## Stabilishment Number #: [605253587] ## 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 aftempting 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. ### Smoking observed where smoking is prohibited by the Act. #### Warewashing Info Machine Name | Establishment Information | | | | | | | | |
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| Machine Name Sanitizer Type PPM Temperature (Fahrenheit) Equipment Temperature Description Temperature (Fahrenheit) Food Temperature | Smoking observed where smoking is prohit | olted by the Act. | | | | | | | |
| Machine Name Sanitizer Type PPM Temperature (Fahrenheit) Equipment Temperature Description Temperature (Fahrenheit) Food Temperature | | | | | | | | | |
| Machine Name Sanitizer Type PPM Temperature (Fahrenheit) Equipment Temperature Description Temperature (Fahrenheit) Food Temperature | Warewashing Info | | | | | | | | |
| Equipment Temperature Description Temperature (Fahrenheit) Food Temperature | - | Sanitizer Type | PPM | Temperature (Fat | renhelf) | | | | |
| Food Temperature Temperature (Fahrenheit) | | Cammado 1370 | | - I amperature (i a | | | | | |
| Food Temperature Temperature (Fahrenheit) | | | | | | | | | |
| Food Temperature Temperature (Fahrenheit) | | | | | | | | | |
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| Food Temperature Temperature (Fahrenheit) | | | • | • | | | | | |
| Food Temperature | Equipment Temperature | | | | | | | | |
| | Description | | | Temperature (Fah | renhelt) | | | | |
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| Decomption State of Food Temperature (Panierines) | | | State of Food | Tamparahim / Esh | | | | | |
| | Decomption | | state of Food | Temperature (Pan | renneit) | | | | |
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| Observed Violations | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Total # 8 | | | | | | | | | |
| Repeated # () | | | | | | | | | |
| 36: Storage area and under cookline was throughly cleaned and sanitized. | | | | | | | | | |
| Professional Pest control performed but receipt has not been emailed to pic yet. | | | | | | | | | |
| Pest control receipt to be emailed bu end of week next week. | | | | | | | | | |
| 45: | | | | | | | | | |
| 46: | | | | | | | | | |
| 47: | | | | | | | | | |
| 51: | | | | | | | | | |
| 52: | | | | | | | | | |
| 53: | | | | | | | | | |
| 56: | | | | | | | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA

Establishment Information



| Establishment Name: MEM | IORIES CAFE |
|--|---|
| The Market Market Control of the Con | 05253587 |
| THE STATE OF THE S | |
| Comments/Other Obser | vations |
| 1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: (IN) All raw animal food is 14: 15: 16: 17: 18: 19: 20: 21: 22: 23: 24: 25: 26: 27: | separated and protected as required. |
| | icts access to its buildings or facilities at all times to persons who are twenty-one (21) year |
| ***See page at the end of this do | ocument for any violations that could not be displayed in this space. |

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.

| ditional Comments (cont'd) ditional Comments (cont'd) e last page for additional comments. | Establishment Name: MEMORIES CAFE Establishment Number: 605253587 | | | | | |
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Establishment Information

| Establishment Information | | | | | | | | |
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| Establishment Name: MEMORIES CAFE | | | | | | | | |
| Establishment Number #: 605253587 | | | | | | | | |
| | | | | | | | | |
| Sources | | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
| Source Type: | Source: | | | | | | | |
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| Source Type: | Source: | | | | | | | |
| Additional Comments | | | | | | | | |
| Repeat issued for #13 | | | | | | | | |
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