

TENNESSEE DEPARTMENT OF HEALTH
FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

80

Establishment Name BROKEN CUP CAFE Type of Establishment ☒ Permanent ☐ Mobile
 Address 7945 WOLF RIVER CAFE ☐ Temporary ☐ Seasonal
 City Germantown Time in 10:30 AM AM / PM Time out 11:15 AM AM / PM
 Inspection Date 03/09/2023 Establishment # 605305242 Embargoed 000
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other _____
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention 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 (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

| IN=in compliance | | OUT=not in compliance | | NA=not applicable | | NO=not observed | | COS=corrected on-site during inspection | | | R=repeat (violation of the same code provision) | | |
|-------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-----------------|--|---|--------------------------|----|---|--|--|
| Compliance Status | | | | | | | | COS | R | WT | | | |
| | IN | OUT | NA | NO | Supervision | | | | | | | | |
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Person in charge present, demonstrates knowledge, and performs duties | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| | IN | OUT | NA | NO | Employee Health | | | | | | | | |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Management and food employee awareness, reporting | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Proper use of restriction and exclusion | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco use | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | | | | | |
| 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | Hands clean and properly washed | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| 7 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Handwashing sinks properly supplied and accessible | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | |
| | IN | OUT | NA | NO | Approved Source | | | | | | | | |
| 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | Food obtained from approved source | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food received at proper temperature | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Food in good condition, safe, and unadulterated | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: shell stock tags, parasite destruction | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | IN | OUT | NA | NO | Protection from Contamination | | | | | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Food separated and protected | | | <input type="checkbox"/> | <input type="checkbox"/> | 4 | | | |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Food-contact surfaces: cleaned and sanitized | | | <input type="checkbox"/> | <input type="checkbox"/> | 5 | | | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | Proper disposition of unsafe food, returned food not re-served | | | <input type="checkbox"/> | <input type="checkbox"/> | 2 | | | |

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

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

GOOD RETAIL PRACTICES

OUT=not in compliance

COS=corrected on-site during inspection

R-repeat (violation of the same code provision)

| Compliance Status | | | | COS | R | WT | Compliance Status | | | | COS | R | WT | | |
|-------------------|----------------------------------|---|--|-----|-----------------------|-----------------------|-------------------|----------------------------|----------------------------------|---|-----|-----|----------------------------------|----------------------------------|---|
| | OUT | Safe Food and Water | | | | | | | OUT | Utensils and Equipment | | | | | |
| 28 | <input type="radio"/> | Pasteurized eggs used where required | | | <input type="radio"/> | <input type="radio"/> | 1 | 45 | <input checked="" type="radio"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 29 | <input type="radio"/> | Water and ice from approved source | | | <input type="radio"/> | <input type="radio"/> | 2 | 46 | <input type="radio"/> | Warewashing facilities, installed, maintained, used, test strips | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 30 | <input type="radio"/> | Variance obtained for specialized processing methods | | | <input type="radio"/> | <input type="radio"/> | 1 | 47 | <input type="radio"/> | Nonfood-contact surfaces clean | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Food Temperature Control | | | | | | | OUT | Physical Facilities | | | | | |
| 31 | <input checked="" type="radio"/> | Proper cooling methods used; adequate equipment for temperature control | | | <input type="radio"/> | <input type="radio"/> | 2 | 48 | <input type="radio"/> | Hot and cold water available; adequate pressure | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 32 | <input type="radio"/> | Plant food properly cooked for hot holding | | | <input type="radio"/> | <input type="radio"/> | 1 | 49 | <input type="radio"/> | Plumbing installed; proper backflow devices | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 33 | <input type="radio"/> | Approved thawing methods used | | | <input type="radio"/> | <input type="radio"/> | 1 | 50 | <input type="radio"/> | Sewage and waste water properly disposed | | | <input type="radio"/> | <input type="radio"/> | 2 |
| 34 | <input type="radio"/> | Thermometers provided and accurate | | | <input type="radio"/> | <input type="radio"/> | 1 | 51 | <input type="radio"/> | Toilet facilities: properly constructed, supplied, cleaned | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Food Identification | | | | | | 52 | <input type="radio"/> | Garbage/refuse properly disposed; facilities maintained | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 35 | <input type="radio"/> | Food properly labeled; original container; required records available | | | <input type="radio"/> | <input type="radio"/> | 1 | 53 | <input type="radio"/> | Physical facilities installed, maintained, and clean | | | <input type="radio"/> | <input type="radio"/> | 1 |
| | OUT | Prevention of Food Contamination | | | | | | 54 | <input type="radio"/> | Adequate ventilation and lighting; designated areas used | | | <input type="radio"/> | <input type="radio"/> | 1 |
| 36 | <input type="radio"/> | Insects, rodents, and animals not present | | | <input type="radio"/> | <input type="radio"/> | 2 | | OUT | Administrative Items | | | | | |
| 37 | <input checked="" type="radio"/> | Contamination prevented during food preparation, storage & display | | | <input type="radio"/> | <input type="radio"/> | 1 | 55 | <input checked="" type="radio"/> | Current permit posted | | | <input type="radio"/> | <input type="radio"/> | 0 |
| 38 | <input checked="" type="radio"/> | Personal cleanliness | | | <input type="radio"/> | <input type="radio"/> | 1 | 56 | <input type="radio"/> | Most recent inspection posted | | | <input type="radio"/> | <input type="radio"/> | |
| 39 | <input type="radio"/> | Wiping cloths: properly used and stored | | | <input type="radio"/> | <input type="radio"/> | 1 | Compliance Status | | | | YES | NO | WT | |
| 40 | <input type="radio"/> | Washing fruits and vegetables | | | <input type="radio"/> | <input type="radio"/> | 1 | Non-Smokers Protection Act | | | | | | | |
| | OUT | Proper Use of Utensils | | | | | | 57 | | Compliance with TN Non-Smoker Protection Act | | | <input checked="" type="radio"/> | <input type="radio"/> | |
| 41 | <input type="radio"/> | In-use utensils; properly stored | | | <input type="radio"/> | <input type="radio"/> | 1 | 58 | | Tobacco products offered for sale | | | <input type="radio"/> | <input checked="" type="radio"/> | 0 |
| 42 | <input type="radio"/> | Utensils, equipment and linens; properly stored, dried, handled | | | <input type="radio"/> | <input type="radio"/> | 1 | 59 | | If tobacco products are sold, NSPA survey completed | | | <input type="radio"/> | <input type="radio"/> | |
| 43 | <input type="radio"/> | Single-use/single-service articles; properly stored, used | | | <input type="radio"/> | <input type="radio"/> | 1 | | | | | | | | |
| 44 | <input type="radio"/> | Gloves used properly | | | <input type="radio"/> | <input type="radio"/> | 1 | | | | | | | | |

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

Signature of Person In Charge

03/09/2023

Date _____

Jan Miron
Signature of Environmental Health Specialist

03/09/2023

Date _____

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

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



Establishment Information

Establishment Name: **BROKEN CUP CAFE**

Establishment Number #: **605305242**

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. | No |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | No |
| "No Smoking" signs or the International "Non-Smoking" symbol are not conspicuously posted at every entrance. | No |
| Garage type doors in non-enclosed areas are not completely open. | No |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | No |
| 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 Temperature

| Description | Temperature (Fahrenheit) |
|----------------------|---------------------------|
| Refrigerator | 35 |
| Display refrigerator | 30 |

Food Temperature

| Description | State of Food | Temperature (Fahrenheit) |
|----------------------|---------------|---------------------------|
| Potato salad | Cold Holding | 43 |
| Pimento cheese salad | Cold Holding | 38 |
| Macaroni salad | Cold Holding | 38 |

Observed Violations

Total # 10

Repeated # 0

6: Employee did not demonstrate proper hand washing procedure. Please practice correct hand washing practices between tasks.

7: Employees were observed handling RTE foods without gloves. All RTE foods must be handled with gloves.

9: Employee is observed using farm fresh eggs from personal farm. Employees may only use eggs and other products from approved sources.

18: The proper cooling time and temperature are not being followed. Correct cooling down procedure must be followed.

20: Foods were not properly cooled and have not sustained proper cold holding temperature. Foods must be cooled to 41 before being placed in cold holding.

31: Proper cooling method is not being used. Proper cooling must be used.

37: There are food items stored on the floor. Please place all food items on shelves and off the floor.

38: Employee is not wearing a hairnet or hat. All kitchen staff must wear a hairnet or hair restraint.

45: The cutting boards are deeply stained and have several grooves. Please replace cutting boards. The oven is not clean. Please maintain cleanliness of toaster oven.

55: The current permit is not posted. Please post a current permit. Please call 901-222-9175 to renew permit.

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: BROKEN CUP CAFE

Establishment Number : 605305242

Comments/Other Observations

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***See page at the end of this document for any violations that could not be displayed in this space.

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: BROKEN CUP CAFE

Establishment Number : 605305242

Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

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| Establishment Information |
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|---------------------|-----------------|
| Establishment Name: | BROKEN CUP CAFE |
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|-------------------------|-----------|
| Establishment Number #: | 605305242 |
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| Sources |
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| Source Type: | Food |
|--------------|------|

Source: PFG, Aldi's

Source Type:

Source:

Source Type:

Source:

Source Type:

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Source Type:

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Additional Comments