

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 06:30 PM AM/PM Time out 06:40: PM AM/PM

12/02/2021 Establishment # 605253587 Embargoed 0 Inspection Date

∰ Follow-up Purpose of Inspection Routine O Complaint O Preliminary O Consultation/Other О3

Risk Category Follow-up Required

Number of Seats 70 O Yes 疑 No

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

10	<b>4</b> =in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe	ed		C	OS=con
					Compliance Status	COS	R	WT	
	IN	OUT	NA	NO	Supervision				
1	氮	0			Person in charge present, demonstrates knowledge, and verforms duties		0	5	16
		OUT	NA	NO	Employee Health				17
2	Ж	0			Management and food employee awareness; reporting	0	0		
3	×	0			Proper use of restriction and exclusion		0	5	
	IN	OUT	NA	NO	Good Hygienic Practices				18
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19
5	滋	0		0	No discharge from eyes, nose, and mouth	0	0	0	20
	IN	OUT	NA	NO	Preventing Contamination by Hands				21
6	0	0		3%	Hands clean and properly washed	0	0		22
7	0	0	0	×	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	1
8	X	0			Handwashing sinks properly supplied and accessible	0	0	2	1 2
	IN	OUT	NA	NO	Approved Source		23		
9	黨	0			Food obtained from approved source	0	0		
10	0	0	0	×	Food received at proper temperature	0	0		1
11	×	0			Food in good condition, safe, and unadulterated	0 0 5		24	
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT	NA	NO	Protection from Contamination			25	
13	×	0	0		Food separated and protected	0	0	4	26
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27

					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	0	黨	Proper cooking time and temperatures	0	0	5
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	۰
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	_	0	0	×	Proper cooling time and temperature	0	0	
19	0	0	0	文	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	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	300		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25	0	0	X		Food additives: approved and properly used	0	0	5
26	80	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

#### rol the introduction of pathogo is, chemicals, and physical objects into foods.

			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	1
29	0	Water and ice from approved source	0	0	-
30	0	Variance obtained for specialized processing methods	0	0	١,
	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	
34	0	Thermometers provided and accurate	0	0	Т
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	-
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	
37	0	Contamination prevented during food preparation, storage & display	0	0	
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	
	OUT	Proper Use of Utensils	$\top$		
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	Г
44	10	Gloves used properly	0	0	

spect	ion	R-repeat (violation of the same code provision	)		
		Compliance Status	cos	R	WT
	OUT	Utensiis and Equipment			
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	羅	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	2
49	0	Plumbing installed; proper backflow devices	0	0	2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	- 1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	0	0	0
56	0	Most recent inspection posted	0	0	۰
		Compliance Status	YES	NO	WT
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

a conspicuous manner. You have the right to request a h 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. in (10) days of the date of the

12/02/2021

12/02/2021 Date

Signature of Person In Charge

Date Signature of Environmental Health Specialist

\*\*\*\* 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: MEMORIES CAFE								
Establishment Number # 605253587								
NSPA Survey - To be completed if								
Age-restricted venue does not affirmatively rest twenty-one (21) years of age or older.	trict access to its buildings or	facilities at all times to	persons who are					
Age-restricted venue does not require each per	rson attempting to gain entry	to submit acceptable for	orm of identification.					
"No Smoking" signs or the international "Non-S	moking" symbol are not cons	spicuously posted at ev	ery entrance.					
Garage type doors in non-enclosed areas are r	not completely open.							
Tents or awnings with removable sides or vents	s in non-enclosed areas are	not completely remove	d or open.					
Smoke from non-enclosed areas is inflitrating in	nto areas where smoking is o	rohibited.						
	•							
Smoking observed where smoking is prohibited	i by the Act.							
Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature ( Fair	renhelf)				
			Tomporanaro (Tan					
Equipment Temperature								
Description			Temperature ( Fah	renhelt)				
Food Townsonting								
Food Temperature		State of Food	Temperature (Fah					
Decomption		state of Food	Temperature ( Fan	rennen)				

bserved Violations	
tal# [] peated# []	
pealed # ()	
7· ·	
See page at the end of this document for any violations that could not be displayed in this space.	

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



Establishment Information	
Establishment Name: MEMORIES CAFE	
Establishment Number: 605253587	
Comments/Other Observations	
1: 2:	
z. 3:	
4: 5:	
5:	
7: (NO) No food workers present during the inspection.	
3: (IN): All handsinks are properly equipped and conveniently located for food employee use.	
9: LO: (NO): No food received during inspection.	
L1: (IN) All food was in good, sound condition at time of inspection.	
L2: (NA) Shell stock not used and parasite destruction not required at this establishment.	
.3: (IN) All raw animal food is separated and protected as required.	
L4: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.	
L5: (IN) No unsafe, returned or previously served food served.	
L6: (NO) No raw animal foods cooked during inspection.	
L7: (NO) No TCS foods reheated during inspection. L8:	
L9: (NO) TCS food is not being held hot during inspection.	
20: Temperatures recorded on report	
21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours 22: (NA) No food held under time as a public health control.	5.
23: (NA) Establishment does not serve animal food that is raw or undercooked.	
24: (NA) A highly susceptible population is not served.	
25: (NA) Establishment does not use any additives or sulfites on the premises. 26: (IN) All poisonous or toxic items are properly identified, stored, and used.	
27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.	
57:	
58:	

# Additional Comments

See last page for additional comments.

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

<sup>\*\*\*</sup>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			
ditional Comments (cont'd)				
ditional Comments (cont'd)				
ditional Comments (cont'd)				
e last page for additional comments.				

Establishment Information

Establishment Information								
Establishment Name: MEMORIES CAFE								
Establishment Number # 605253587								
Sources								
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Additional Comments								