## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

6/233

			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT										SON REPORT	SCORE					
Establishment Name			t Nam		MEMORIES CAFE								El Permanent O Mobile	F	7				
Address															J				
					Vashville			11	<u></u>	5 6						o Temporary O Seasonal at 01:20; PM AM / PM			
City						າວວ						-			me o				
Insp	ectio	n Da	rte			DZZ Establis	shment # 60525358			-	Emba	rgoe							
Pun	ose	of In	spect	ion	Routine	O Follow-u	p O Complaint			O Pr	elimin	ary		C	Cor	nsultation/Other			
Risi	: Cat	_			01	<b>3</b> 22	03			<b>O</b> 4						up Required 🕱 Yes O No 🛛 Number 🤅	of Seats	70	)
		ĸ	JOK P	acto as c	ontributing fa	ctors in food	orne illness outbreak	s. P	ublic	c He	aith i	Inte	rvent	tions	are	I to the Centers for Disease Control and Prev control measures to prevent illness or injury	ention		
							ODBORNE ILLNESS RI												
IN	⊧in co			Ngant		iance NA=not a			Rem							ach Item as applicable. Deduct points for category or sub pection R=repeat (violation of the same code pro		•)	
_		a repres		_		mpliance Stat			R		Ĩ		0.0110			Compliance Status		R	WT
	_		NA		Deserve la charac	Supervis						IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1		0			Person in charge performs duties		nstrates knowledge, and	0	0	5		0	0			Proper cooking time and temperatures	0	8	5
	IN P		NA		Management an	Employee I d food employee	Health awareness; reporting	0			17	0	0	0	22	Proper reheating procedures for hot holding Ceoling and Holding, Date Marking, and Time a	_	0	1.
		0			Proper use of re	striction and excl	lusion	0	0	5		IN	OUT	NA	NO	a Public Health Control	-		
	_	_	NA	_		lood Hygienic						0	0	0		Proper cooling time and temperature		0	-
4		0	ŀ			sting, drinking, o meyes, nose, ar		8	8	5	19 20	22	8	0		Proper hot holding temperatures Proper cold holding temperatures	-8	8	
	IN	OUT	NA	100000000000000000000000000000000000000			nation by Hands				21	0	12			Proper date marking and disposition			1 °
6	皇鼠	0 0	0			d properly washe intact with ready-	d -to-eat foods or approved	6	0	5	22	0	0	×	-	Time as a public health control: procedures and record	0	0	
			•	-	alternate proced		plied and accessible		6	2		IN	OUT	_	NO	Consumer Advisory Consumer advisory provided for raw and undercooked		-	
	IN	OUT	NA	NO		Approved S	ource			_	23	0	0	黛		food	0	0	4
	8		0			om approved so t proper tempera		8	0			IN	OUT		NO	Highly Susceptible Populations	-	-	
11		ŏ			Food in good co	ndition, safe, and	d unadulterated	ŏ		5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
12	0	0	Ж		Required record destruction	s available: shell	stock tags, parasite	0	0			IN	OUT			Chemicals			
	IN O		NA	NO	Pret Food separated	ection from Co	ontamination		0	4	25	0	8	X	1	Food additives: approved and properly used Toxic substances properly identified, stored, used	<u> </u>	8	5
14	ž	õ	ŏ			nfaces: cleaned a	and sanitized	ŏ	_	5	20	IN		NA	NO	Conformance with Approved Procedures	Ť	10	
15	12	0			Proper disposition served	on of unsafe food	i, returned food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5
_	_	_		Geo	d Retail Pract		entine measures to co		1 494	. Inte	adua	tion	of a	atho		, chemicals, and physical objects into foods		-	
						ices are prev	entive measures to co				L PR				gena	, chemicala, and physical objects into roots.			
				001	not in compliance		COS=corre	icted o	n-site	durin				0		R-repeat (violation of the same code provision		_	
		OUT				npliance Stat • Food and Wa		cos	R	WT		10	UT			Compliance Status Utensils and Equipment	COS	R	WT
2					d eggs used whe				0		4	5 (				nfood-contact surfaces cleanable, properly designed,	0	0	1
3						alized processing	g methods	ő	0	2	4					and used	6	6	1
	-	OUT	_			emperature C		-					-			g facilities, installed, maintained, used, test strips	-	-	
3	1	0	contr		ing methods use	ea; adequate equ	uipment for temperature	0	0	2	4	_	O N	001100	a-cor	tact surfaces clean Physical Facilities	0	0	1
3	_				properly cooked				0	1	4	_				water available; adequate pressure		0	2
3	_				hawing methods ters provided an			0	0	1	49	_	_			talled; proper backflow devices waste water properly disposed	0	0	2
		ουτ		- 12-11-9		od identificatio	on	Ľ	-		5	_				s: properly constructed, supplied, cleaned	ŏ	ŏ	
3	5	×	Food	prop	erly labeled; origi	inal container; rec	quired records available	0	0	1	5	2 8	<b>X</b> 9	Sarbag	e/refi	use properly disposed; facilities maintained	0	0	1
		OUT			Prevention	of Feed Cont	amination		—		5	3 3	R P	hysica	al faci	ities installed, maintained, and clean	0	0	1
3	6	0	Insec	ts, ro	dents, and anima	als not present		0	0	2	5	• •	0 A	dequa	ste ve	ntilation and lighting; designated areas used	0	0	1
3	7	0	Conta	amina	tion prevented d	uring food prepar	ration, storage & display	0	0	1		0	UT			Administrative items			
3	_	-	_		leanliness	d and stored		0	0	1	5					nit posted	0	8	0
3	_			- N	ths; properly use uits and vegetab				0	1	54	9   (	0 10	nost re	cent	inspection posted Compliance Status			WT
		OUT			Prop	er Use of Uter	alia		· · ·							Non-Smokers Protection Act			
4	_				sils; properly sto puipment and lin		red, dried, handled		8		5					with TN Non-Smoker Protection Act ducts offered for sale		8	0
- 4	3	0	Singl	e-use	single-service a	rticles; properly sto		0	0	1	5	5				oducts are sold, NSPA survey completed	18	ŏ	1
					ed properly				0				1.5.5						
																Repeated violation of an identical risk factor may result in re e. You are required to post the food service establishment pe			

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 68-14-708, 68-14-708, 68-14-719, 68-14-715, 68-14-716, 4-5-320.

Ø	12/07/2022	$\sim$	12/07/2022
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date
	**** Additional food safety information can be found on our	website, http://tn.gov/health/article/eh-foodservice ****	

PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mon	th at the county health department.	RDA 629
1192207 (Nev. 0-10)	Please call (	) 6153405620	to sign-up for a class.	101.025

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



# Establishment Information

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Establishment Name: MEMORIES CAFE Establishment Number #: 605253587

Yes
Yes

Warewashing Info			
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)
3 comp sinknot set up	CI		

Equipment l'emperature	
Description	Temperature (Fahrenheit)
Rif	0

Decoription	State of Food	Temperature (Fahrenheit)
Raw chicken in wic	Cold Holding	38
Rice in wic	Cold Holding	37
Noodles in wic	Cold Holding	39
Lamb on grill	Hot Holding	142

#### Observed Violations

Total # 7 Repeated # ()

13: Raw chicken stored above ready to eat herbs in wic

CA: pic had a food storage fact sheet posted. We went over it and he moved the raw chicken to the bottom shelf below rte items

21: No date marking on items in wic made yesterday

CA: pic labled the items and we discussed proper date marking

34: Missing thermometer in freezer

35: Large container of white powder not labeld

51: Bathrooms dirty

52: Dumpster doors open, trash building up around it,

53: Heavy grease buildup on walls, floors, ceilings



### Establishment Information

Establishment Name: MEMORIES CAFE

Establishment Number: 605253587

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.

- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee isn't drinking, eating, or using tobacco in a food preparation area.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: Observed proper handwashing

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: See source

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NA) Shell stock not used and parasite destruction not required at this establishment.
- 14: (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.
- 15: (IN) No unsafe, returned or previously served food served.
- 16: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: See temperatures
- 20: See temperatures
- 22: (NA) No food held under time as a public health control.
- 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: 1:

2:

2. 3:

4: 5:

5: 6:

7:

58:

3:

4: 5:

\*\*\*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.

# Establishment Information

Establishment Name: MEMORIES CAFE

Establishment Number : 605253587

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

# Establishment Information

Establishment Name: MEMORIES CAFE

Establishment Number #: 605253587

Sources				
Source Type:	Food	Source:	Resturant depot	
Source Type:	Water	Source:	City	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments