

Risk Category

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 90

O Farmer's Market Food Unit City Cafe Remanent O Mobile Establishment Name Type of Establishment 113 E. Main Street O Temporary O Seasonal Address Murfreesboro Time in 09:55 AM AM/PM Time out 10:50: AM AM/PM City 04/12/2023 Establishment # 605244680 Embargoed 0 Inspection Date **E**Routine O Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection

ase Control and Preventio

Follow-up Required

О3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTION

| 112 | # in ¢ | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observe | ed | | X |
|--------------------------|--------------------------------------|-------|------|----|---|----|---|----|
| | Compliance Status | | | | | | R | WT |
| IN OUT NA NO Supervision | | | | | | | | |
| 1 | 盔 | ٥ | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Employee Health | | | |
| 2 | $\exists X$ | 0 | | | Management and food employee awareness; reporting | 0 | 0 | |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 |
| | IN OUT NA NO Good Hygienic Practices | | | | | | | |
| 4 | 30 | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | _ |
| 5 | 200 | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | ° |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | |
| 6 | 1 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | |
| 7 | 級 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 |
| 8 | × | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 |
| | IN | OUT | NA | NO | Approved Source | | | |
| 9 | 黨 | 0 | | | Food obtained from approved source | 0 | 0 | |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | |
| | IN | OUT | NA | NO | Protection from Contamination | | | |
| 13 | × | 0 | 0 | | Food separated and protected | 0 | 0 | 4 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |
| 15 | M | 0 | | | Proper disposition of unsafe food, returned food not re- | 0 | 0 | 2 |

| _ | | | | | Compliance Status | COS | к | WI |
|----|-----|-----|-----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 0 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | 0 | 0 | 3% | 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 | 0 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 245 | 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 | 333 | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | OUT | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used | 0 | 0 | , |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

O Yes 疑 No

to control the introduction of pathogens, chemicals, and physical objects into foods.

| | | | GOO | D R | 37 |
|----|-----|--|-----|-----|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | WI |
| | 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 | 2 |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | 1 |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | 2 |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | 1 |
| 33 | 0 | Approved thawing methods used | 0 | 0 | 1 |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | 1 |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | 2 |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | 1 |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | 1 |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | 1 |
| | OUT | Proper Use of Utensils | | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | 1 |
| 42 | 0 | Utensils, equipment and linens; properly stored, dried, handled | 0 | 0 | 1 |
| 43 | 0 | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 |

| pecti | on | R-repeat (violation of the same code provision | | _ | |
|-------|-----|--|------|----|-----|
| | | Compliance Status | cos | R | W |
| | OUT | Utensils 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 | 0 | Nonfood-contact surfaces clean | 0 | 0 | 1 |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | - |
| 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 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | 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 | 0 | Most recent inspection posted | 0 | 0 | |
| | | Compliance Status | YES | NO | W |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 3% | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | ١ (|
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

ost recent inspection report in a conspicuous manner. You have the right to request a hearing reg 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329. n ten (10) days of the date of the

04/12/2023

Date Signature of Environmental Health Specialist

04/12/2023

**** 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)) 6158987889 Please call (to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: City Cafe

Establishment Number # | 605244680

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 attempting 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.

Smoke from non-enclosed areas is inflitrating into areas where smoking is prohibited.

Smoking observed where smoking is prohibited by the Act.

| Warewashing Info | | | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | |
| Dish machine | CI | | | | | | | |
| | | 50 | | | | | | |
| 3 comp set up | | 50 | | | | | | |

| Equipment Temperature | | | | | |
|-----------------------|---------------------------|--|--|--|--|
| Description | Temperature (Fahrenheit) | | | | |
| Pc1 | 39 | | | | |
| Pc2 | 37 | | | | |
| Ric | 38 | | | | |
| Wic | 38 | | | | |

| Food Temperature | | |
|------------------------------------|---------------|--------------------------|
| Description | State of Food | Temperature (Fahrenheit |
| Diced ham in pc1 | Cold Holding | 40 |
| Diced tomatoes in pc1 | Cold Holding | 40 |
| Ground beef in pc 2 | Cold Holding | 39 |
| Scrambled eggs | Cooking | 175 |
| All tcs foods on both steam tables | Hot Holding | 135 |
| Hamburger roll in wic | Cold Holding | 40 |
| City ham in wic | Cold Holding | 40 |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: City Cafe
Establishment Number: 605244680

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: Pic has knowledge.
- 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 good hand washing.
- 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.
- 13: (IN) All raw animal food is separated and protected as required.
- 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: See temp log
- 17: (NO) No TCS foods reheated during inspection.
- 18: Did not observe.
- 19: In range
- 20: In range.
- 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.
- 23: Verified advisory with designated menu items.
- 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.

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

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name: City Cafe | |
|--|--|
| Establishment Number: 605244680 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
| See last page for additional comments. | |
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Establishment Information

| Establishment Information | | | | | | | | | |
|-------------------------------|-----------|---------|---------------------|---|--|--|--|--|--|
| Establishment Name: City Cafe | | | | | | | | | |
| Establishment Number #: | 605244680 | | | | | | | | |
| Sources | | | | _ | | | | | |
| Source Type: | Food | Source: | Halsey, palmer, pfg | | | | | | |
| Source Type: | Water | Source: | City | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Source Type: | | Source: | | | | | | | |
| Additional Comme | nts | | | | | | | | |
| Great job! | | | | | | | | | |
| Teressa and rollin ke | ellog | | | | | | | | |
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