TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| 520 | | 47 | 125 | | - | | | | | | | | | | | | | | |
|---|---|----------|----------|---------|--|--------------------------------------|----------------------|--------------|-----------|----------|-------------|--|-----------|----------|---------|--|-------------|------------|-----------|
| 10 | | | A.C. | | | | | | | | | | | | | | | | |
| - | | THEFT | | | MEMORIES (| CAFE | | | | | | | | | | O Fermer's Market Food Unit | /(| | |
| Establishment Name 1098 MURFREESBORO PIKE | | | | | | | | _ | Тур | xe of E | Establi | shme | | | J | | | | |
| Aggress | | | | 0? | 2.2 | 5 0 | | | | | | o Temporary O Seasonal ut 04:05; PM AM / PM | | | | | | | |
| City | City Time in | | | |).Z | | | _ | | | ne o | ut 04:05; PIVI AM/PM | | | | | | | |
| | Inspection Date 04/21/2023 Establishment # 60525358 | | | | | | | _ | | | d 0 | | | [| | | | | |
| Purp | ose | of In | spect | tion | Routine | O Follow-up | O Complaint | | | O Pro | Nimin | ary | | 0 | Cor | nsultation/Other | | | |
| Risk Category O1 22 O3 O4 Follow-up Required 2 Yes O No Number of Seats 70 Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention | | | | | | | | | | | | J | | | | | | | |
| | 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 (IK, OUT, KA, 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 c | ompili | | | OUT=not in compliance | NA=not applicable | NO=not observe | ed | | co | | | | | | spection R=repeat (violation of the same code | provision) | | |
| _ | | our | NA | NO | Compli | ance Status | | cos | R | WT | | | | | | Compliance Status Cooking and Reheating of Time/Temperatu | _ | 6 R | WT |
| - | in 篇 | - | nen | NO | Person in charge pres | Supervision sent, demonstrates kn | owledge, and | 0 | 0 | - | | IN | OUT | NA | NO | Control For Safety (TCS) Foods | | | |
| | | | NA | NO | performs duties | Imployee Health | | 0 | 0 | 5 | | 0 家 | 0 | 0 | | Proper cooking time and temperatures Proper reheating procedures for hot holding | - 2 | | 5 |
| _ | 1.1.1 | 0 | 144 | 110 | Management and foo | | ss; reporting | 0 | 0 | | H" | | | | | Cooling and Holding, Date Marking, and Time | | 10 | |
| 3 | 黨 | 0 | | | Proper use of restricti | ion and exclusion | | 0 | 0 | 5 | | IN | OUT | | NO | a Public Health Control | | | |
| _ | | OUT O | NA | | Good Proper eating, tasting | Hygionic Practicos | | | 0 | | | X | 0 | 0 | - | Proper cooling time and temperature Proper hot holding temperatures | | | |
| 5 | X | 0 | | 0 | No discharge from ey | | 496 | ŏ | | 5 | 20 | 25 | 0 | 0 | Ŭ | Proper cold holding temperatures | 0 | 0 0 | |
| | IN 高 | | NA | | Preventing Hands clean and prop | Contamination by | Hands | ~ | | | | * | 0 | | 0 | Proper date marking and disposition | | 0 | 1 * |
| _ | 風風 | 0 | 0 | | No bare hand contact | | ds or approved | 0 | 0 0 | 5 | 22 | - | 0 | × | | Time as a public health control: procedures and reco | rds C | 0 | |
| | | x | | - | alternate procedures Handwashing sinks p | | ccessible | | 0 | 2 | | _ | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and undercook | d a | | |
| | IN | OUT | NA | | Å | pproved Source | | | _ | | 23 | 0 | 0 | × | NO | food | ~ o | 0 | 4 |
| | | 0 | 0 | | Food obtained from a Food received at prop | | | 6 | | | | IN | OUT | NA | NO | Highly Susceptible Populations | | | |
| 11 | _ | _ | | _ | Food in good conditio Required records ava | | | 0 | 0 | 5 | 24 | | 0 | | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | <u> </u> |
| | 0 | 0 | X | 0 | destruction | | | | Chemicals | | | | | | | | | | |
| | | OUT X | NA | | Food separated and p | on from Contamina protected | tion | 0 | o | 4 | | 00 | 0 滅 | X | | Food additives: approved and properly used Toxic substances properly identified, stored, used | | | 5 |
| 14 | × | õ | Õ | | Food-contact surface | s: cleaned and sanitiz | | | Õ | | | _ | _ | NA | 1000 | Conformance with Approved Procedures | | | |
| 15 | 8 | 0 | | | Proper disposition of served | unsafe food, returned | food not re- | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | c | 0 | 5 |
| | | | | 6 | d Batali Brastiana | | | | | la da | | *** | | - | | , chemicals, and physical objects into food | | | |
| | | | | 000 | d Retail Practices | are preventive n | leasures to co | | | | | | | | yena | , chemicals, and physical objects into tool | •. | | |
| | | | | 00 | Inot in compliance | | COS=come | | n-site | during | | | | • | | R-repeat (violation of the same code provis | ion) | | |
| _ | _ | OUT | _ | _ | | ance Status od and Water | | COS | R | WT | | | UT | | _ | Compliance Status Utensils and Equipment | CO | S R | WT |
| 2 | _ | | Past | eurize | d eggs used where re | | | 0 | 0 | 1 | 4 | _ | _ | ood ar | nd no | infood-contact surfaces cleanable, properly designed, | 6 | 0 | 1 |
| 2 | _ | | | | ice from approved so btained for specialized | | 1 | 8 | 0 | 2 | \vdash | + | - 0 | onstru | cted, | and used | | + | + |
| | - | OUT | | | | erature Control | , | | | <u> </u> | 4 | | 18 V | Varew | ashin | g facilities, installed, maintained, used, test strips | 0 | - | |
| 3 | 1 | | Prop | | ling methods used; ac | dequate equipment fo | r temperature | 0 | 0 | 2 | 4 | | S N UT | onfoo | d-cor | htact surfaces clean Physical Facilities | 0 | 0 | 1 |
| 3 | 2 | _ | | | properly cooked for he | ot holding | | 0 | 0 | 1 | 4 | _ | | ot and | l cold | i water available; adequate pressure | 0 | 0 0 | 2 |
| 3 | _ | | <u> </u> | | thawing methods used | | | 0 | 0 | 1 | 4 | _ | _ | | | stalled; proper backflow devices | 0 | _ | |
| 3 | - | O OUT | Then | mome | ters provided and acc Food Id | iontification | | 0 | 0 | 1 | 5 | _ | - | | | waste water properly disposed s: properly constructed, supplied, cleaned | 0 | - | |
| 3 | _ | | Food | prop | erly labeled; original co | | ords available | 0 | 0 | 1 | 5 | _ | | | | use properly disposed; facilities maintained | | | |
| | | OUT | | | | Food Contaminatio | | - | | _ | 5 | | - | - | | lities installed, maintained, and clean | - | - | |
| 3 | 8 | 嵩 | Insec | ts, ro | dents, and animals no | t present | | 0 | 0 | 2 | 5 | 4 (| 0 A | dequa | de ve | intilation and lighting; designated areas used | 0 | _ | - |
| 3 | 7 | X | Cont | amina | tion prevented during | food preparation, sto | rage & display | 0 | 0 | 1 | | 0 | UT | | | Administrative Items | | _ | - |
| 3 | 3 | 0 | Pers | onal c | leanliness | | | 0 | 0 | 1 | 5 | 5 (| 0 0 | urrent | perm | nit posted | 0 | 0 | |
| 3 | | Ó | Wipi | ng cio | ths; properly used and | i stored | | 0 | 0 | 1 | | _ | _ | | - | inspection posted | 0 | 0 | Ĩ |
| 4 | | 0 OUT | Was | hing fi | uits and vegetables Proper U | se of Utensils | | 0 | 0 | 1 | | | _ | | | Compliance Status Non-Smokers Protection Act | YE | S NO | WT |
| 4 | _ | | In-us | e uter | roper u sils; properly stored | ST OL OLONSUS | | 0 | 0 | 1 | 5 | | C | omplia | ance | with TN Non-Smoker Protection Act | × | ে ০ | 1 |
| 4 | 2 | 0 | Uten | sils, e | quipment and linens; p | | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | ducts offered for sale | 0 | | 0 |
| 4 | 3 | | | | /single-service articles ed properly | s; properly stored, use | b | | 8 | | 5 | 9 | If | tobac | co pr | oducts are sold, NSPA survey completed | 0 | 0 | 1 |
| | _ | - | | | | e within two states are | as sands in a second | | | | a second of | | della de | | - | Descended sightform of an interclast sigh fraction over the in- | | | |
| servi | ce er | tablis | hmen | t perm | it. Items identified as co | instituting imminent hea | ith hazards shall b | e corre | cted is | mmed | ately | or ope | eration | is shall | ceas | Repeated violation of an identical risk factor may result in e. You are required to post the food service establishment | permit in | a cons | picuous |
| | | | | | recent inspection report 44-703, 68-14-706, 68-14-7 | | | | | t a hei | ring r | egard | ing thi | is repo | nt by f | filing a written request with the Commissioner within ten (10 |) days of (| he dat | e of this |
| | | | | | | | | | |) | | | 1- | h | R | gri | 04 | 1011 | 2025 |
| n | 1. | p. | 16 | e ' | . Hatred | | 04/2 | <u>'</u> 1/2 | 023 |) | | / | 700 | • | | Y | 04/ | Z1/ | 2023 |

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|---------------------|--|
| Signature of Person | |

| L/2023 | your | nga | |
|--------|-------------------|---------------|----------------|
| Date | Signature of Envi | ronmental Hea | ith Specialist |

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**** 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. Please call () 6153405620 to sign-up for a class. RDA 629 PH-2267 (Rev. 6-15)

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information Establishment Name: MEMORIES CAFE Establishment Number # 605253587

| Warewashing Info | | | | | | | | | |
|------------------|----------------|-----|--------------------------|--|--|--|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenheit) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

| Equipment Temperature | | | | |
|----------------------------------|--------------------------|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | |
| Open top prep cooler | 34 | | | |
| Walk in cooler | 34 | | | |
| Chest freezer | 20 | | | |
| Reach in freezer in storage room | 0 | | | |

| Food Temperature | | | | | | |
|---|---------------|--------------------------|--|--|--|--|
| Description | State of Food | Temperature (Fahrenheit) | | | | |
| Sliced tomatoes in open top prep cooler | Cooling | 48 | | | | |
| Lamb shank cooling on prep table | Cooling | 110 | | | | |
| Milk in walk in cooler | Cold Holding | 40 | | | | |
| Cooked chicken in walk in cooler | Cold Holding | 38 | | | | |
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Observed Violations

Total # 11 Repeated # ()

8: Missing soap and paper towels at hand sink. CA- replaced

13: Raw shell eggs stored over produce in walk in cooler.

Raw chicken stored over raw beef in walk in cooler.

CA- moved and trained.

26: Insecticide stored under 3 compartment sink. CA- removed from kitchen.

31: Lamb shank cooling on prep table at 110°F. CA- reheated on stove top

33: Raw hamburger thawing in 3 compartment sink at room temperature.

36: Excessive mouse droppings under shelving in dry storage room.

37: Employee drink sitting on cutting board.

45: Excessive wear on scoring on cutting boards.

46: Missing sanitizer test strips.

47: Excessive food and debris buildup on walk in cooler shelving in walk in cooler and shelving over prep tables.

53: Excessive food and debris buildup on floors walls and ceilings.



Establishment Information

Establishment Name: MEMORIES CAFE

Establishment Number: 605253587

Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering guestions regarding principles applicable to the food operation. 2: Employee health policy posted. 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: 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods. 9: Restaurant depot, sams 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 cooking done during inspection. 17: (IN) All TCS foods are properly reheated for hot holding. 18: 19: 20: 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: (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. 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes. 57: 58: 58: ***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

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| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments