



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

98

Establishment Name Memories Theater Food Service Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 2141 Parkway ☐ Temporary ☐ Seasonal  
City Pigeon Forge Time in 02:43 PM AM / PM Time out 03:13 PM AM / PM  
Inspection Date 04/24/2024 Establishment # 605316356 Embargoed 0  
Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 0

**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									
					Supervision																								
					Person in charge present, demonstrates knowledge, and performs duties																								
					Employee Health																								
					Management and food employee awareness, reporting																								
					Proper use of restriction and exclusion																								
					Good Hygienic Practices																								
					Proper eating, tasting, drinking, or tobacco use																								
					No discharge from eyes, nose, and mouth																								
					Preventing Contamination by Hands																								
					Hands clean and properly washed																								
					No bare hand contact with ready-to-eat foods or approved alternate procedures followed																								
					Handwashing sinks properly supplied and accessible																								
					Approved Source																								
					Food obtained from approved source																								
					Food received at proper temperature																								
					Food in good condition, safe, and unadulterated																								
					Required records available: shell stock tags, parasite destruction																								
					Protection from Contamination																								
					Food separated and protected																								
					Food-contact surfaces: cleaned and sanitized																								
					Proper disposition of unsafe food, returned food not re-served																								

Compliance Status										COS					R					WT				
					Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
					Proper cooking time and temperatures																			
					Proper reheating procedures for hot holding																			
					Cooling and Holding, Date Marking, and Time as a Public Health Control																			
					Proper cooling time and temperature																			
					Proper hot holding temperatures																			
					Proper cold holding temperatures																			
					Proper date marking and disposition																			
					Time as a public health control: procedures and records																			
					Consumer Advisory																			
					Consumer advisory provided for raw and undercooked food																			
					Highly Susceptible Populations																			
					Pasteurized foods used; prohibited foods not offered																			
					Chemicals																			
					Food additives: approved and properly used																			
					Toxic substances properly identified, stored, used																			
					Conformance with Approved Procedures																			
					Compliance with variance, specialized process, and HACCP plan																			

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



<b>Establishment Information</b>	
Establishment Name:	Memories Theater Food Service
Establishment Number #:	605316356

<b>NSPA Survey – To be completed if #57 is "No"</b>	
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 infiltrating into areas where smoking is prohibited.	
Smoking observed where smoking is prohibited by the Act.	

<b>Warewashing Info</b>			
<b>Machine Name</b>	<b>Sanitizer Type</b>	<b>PPM</b>	<b>Temperature ( Fahrenheit)</b>
3 comp (not set)	Chlorine		

<b>Equipment Temperature</b>	
<b>Description</b>	<b>Temperature ( Fahrenheit)</b>

<b>Food Temperature</b>		
<b>Description</b>	<b>State of Food</b>	<b>Temperature ( Fahrenheit)</b>

### Observed Violations

Total # 2

Repeated # 0

47: There is a build up of a gray substance on the non food contact surface of the ice machine.

53: There are missing and damaged ceiling tiles in the dish washing area.

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



**Establishment Information**

Establishment Name: Memories Theater Food Service

Establishment Number : 605316356

**Comments/Other Observations**

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 2: There is an employee illness policy in place. According to the PIC there has not been any employees with reportable symptoms within the last 2 weeks.
- 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: Proper hand washing was observed during the inspection.
- 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: Food and water recieved from a safe and approved 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: (NA) No raw animal foods served.
- 17: (NA) No TCS foods reheated for hot holding.
- 18: The establishment does not cool TCS food.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: (NA) Establishment does not cold hold TCS food.
- 21: (NA) No Ready-to-eat, TCS foods prepared on premise and held, or commercial containers of ready-to-eat food opened and held, over 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.
- 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:

\*\*\*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: Memories Theater Food Service

Establishment Number : 605316356

**Comments/Other Observations (cont'd)****Additional Comments (cont'd)*****See last page for additional comments.***



Establishment Number #:	605316356
-------------------------	-----------

Source Type:	Source:
--------------	---------

### ***Additional Comments***