

Establishment Name

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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O Farmer's Market Food Unit **BROKEN CUP CAFE** Permanent O Mobile Type of Establishment

7945 WOLF RIVER CAFE O Temporary O Seasonal Address

Germantown Time in 09:30 AM AM / PM Time out 10:00; AM City 03/21/2023 Establishment # 605305242 Embargoed 000 Inspection Date

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

Risk Category О3 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, HA, HO) for ea

| | N=in c | compli | ance | | OUT=not in compliance NA=not applicable NO=not observe | id | | co | S=cc | rrecte | d on-si | te duri | ng ins | pection R=repeat (violation of the same code provis |
|----|-------------------|--------|------|----------|---|-----|----------------------------|-------|----------|----------|---------|-------------------|--------|--|
| | Compliance Status | | | | Compliance Status | cos | COS R WT Compliance Status | | | | | Compliance Status | | |
| | IN | OUT | NA | NO | Supervision | | | | | IN | оит | NA | NO | Cooking and Reheating of Time/Temperature |
| 17 | 610 | _ | | _ | Person in charge present, demonstrates knowledge, and | _ | | | | "" | 001 | 100 | 100 | Control For Safety (TCS) Foods |
| 1 | 黨 | 0 | | | performs duties | 0 | 0 | 5 | 16 | 0 | 0 | 0 | 窯 | Proper cooking time and temperatures |
| | IN | OUT | NA | NO | Employee Health | | | | 17 | 0 | 0 | 0 | 3% | Proper reheating procedures for hot holding |
| 2 | DK | 0 | | | Management and food employee awareness; reporting | 0 | 0 | | Г | | | | | Cooling and Holding, Date Marking, and Time as |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | ٥ | | IN | OUT | NA | NO | a Public Health Control |
| | IN | OUT | NA | NO | Good Hygienic Practices | | | | 18 | 0 | 0 | 0 | × | Proper cooling time and temperature |
| 4 | X | 0 | | | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | | 15 | _ | 0 | 0 | | Proper hot holding temperatures |
| 5 | 黨 | 0 | | | No discharge from eyes, nose, and mouth | 0 | 0 | Ů | 20 | | 0 | 0 | | Proper cold holding temperatures |
| | IN | OUT | NA | | Proventing Contamination by Hands | | | | 21 | X | 0 | 0 | 0 | Proper date marking and disposition |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | l . l | 22 | 0 | ΙoΙ | × | 0 | Time as a public health control: procedures and records |
| ١, | 88 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved | 0 | lol | 5 | | _ | | | | |
| L. | - | | _ | _ | alternate procedures followed | | | _ | \vdash | IN | OUT | NA | NO | Consumer Advisory |
| 8 | 墨 | 0 | NA | NO | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 23 | 0 | ΙoΙ | 32 | | Consumer advisory provided for raw and undercooked |
| - | _ | _ | NA | NO | | _ | | - | Н | | OUT | | - | food |
| 9 | 黨 | 0 | _ | _ | Food obtained from approved source | 0 | 0 | | | IN | OUT | NA | NO | Highly Susceptible Populations |
| 10 | _ | 0 | 0 | <u> </u> | Food received at proper temperature | 0 | 0 | 5 | 24 | 0 | l٥l | 320 | | Pasteurized foods used; prohibited foods not offered |
| 11 | × | 0 | | _ | Food in good condition, safe, and unadulterated | 0 | 0 | ° | | - | - | | | |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | | IN | OUT | NA | NO | Chemicals |
| | | OUT | NA | NO | Protection from Contamination | | | | 25 | _ | 0 | 3% | | Food additives: approved and properly used |
| 13 | 黛 | 0 | 0 | | Food separated and protected | 0 | 0 | 4 | 26 | 黨 | 0 | | | Toxic substances properly identified, stored, used |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 | | IN | OUT | NA | NO | Conformance with Approved Procedures |
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan |

Good Retail Practices are preventive m res to control the introduction of pathoge is, chemicals, and physical objects into fo

L PRACTICES

| | | | GOO | | |
|----|-----|--|-----|---|----|
| | | OUT=not in compliance COS=com | _ | _ | _ |
| | | Compliance Status | cos | R | WT |
| | OUT | | | | |
| 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 | ᄣ | 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 | 誕 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 25 | 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 | | Single-use/single-service articles; properly stored, used | 0 | 0 | 1 |
| 44 | 0 | Gloves used properly | 0 | 0 | 1 |

| ect | | R-repeat (violation of the same code provision Compliance Status | cos | R | W |
|-----|-----|--|-------|----|-----|
| | OUT | Utensiis and Equipment | 1000 | | |
| 45 | Ħ | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | 0 | 0 | ŀ |
| 46 | 0 | Warewashing facilities, installed, maintained, used, test strips | 0 | 0 | |
| 47 | 0 | Nonfood-contact surfaces clean | 0 | 0 | - |
| | OUT | Physical Facilities | | | |
| 48 | 0 | Hot and cold water available; adequate pressure | 0 | 0 | - |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | |
| | OUT | Administrative Items | Т | | |
| 55 | 嶷 | Current permit posted | 0 | 0 | П |
| 56 | 0 | Most recent inspection posted | 0 | 0 | L. |
| | | Compliance Status | YES | NO | ٧ |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - 180 | 0 | |
| 58 | | Tobacco products offered for sale | 0 | × | ١ ' |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

You have the right to request a l ten (10) days of the date of th

03/21/2023

03/21/2023

Signature of Person In Charge

Date Signature of Environment

Date

**** 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 Inf | Establishment Information | | | | |
|----------------------|---------------------------|--|--|--|--|
| Establishment Name: | BROKEN CUP CAFE | | | | |
| Establishment Number | = 605305242 | | | | |

| 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. | No |
| Age-restricted venue does not require each person attempting to gain entry to submit acceptable form of identification. | No |
| "No Smoking" signs or the international "Non-Smoking" symbol are not conspicuously posted at every entrance. | No |
| Garage type doors in non-enclosed areas are not completely open. | No |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open. | No |
| Smoke from non-enclosed areas is infiltrating into areas where smoking is prohibited. | Yes |
| Smoking observed where smoking is prohibited by the Act. | Yes |

| Warewashing Info | | | | | | |
|------------------|----------------|-----|---------------------------|--|--|--|
| Machine Name | Sanitizer Type | PPM | Temperature (Fahrenhelt) | | | |
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| Equipment Temperature | | | |
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| Description | | Temperature (Fahrenheit) | |
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| Description | State of Food | Temperature (Fahrenheit |
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| Observed Violations |
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| Total # 5 |
| Repeated # 0 |
| 31: Proper cooling method is not being used. Proper cooling must be used. 37: There are food items stored on the floor. Please place all food items on shelves and off the floor. 38: Employee is not wearing a hairnet or hat. All kitchen staff must wear a hairnet or hair restraint. 45: The cutting boards are deeply stained and have several grooves. Please replace cutting boards. The oven is not clean. Please maintain cleanliness of toaster oven. 55: The current permit is not posted. Please post a current permit. Please call 901-222-9175 to renew permit. |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



| Establishment Information | |
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| Establishment Name: BROKEN CUP CAFE | |
| Establishment Number: 605305242 | |

| Comments/Other Observations | |
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Additional Comments

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| ablishment Number: 605305242 | |
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Establishment Information

| Establishment Information | | | |
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