



# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 100

Establishment Name CAFE Ole' - Bar Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile  
Address 959 S. Cooper ☐ Temporary ☐ Seasonal  
City Memphis Time in 01:35 PM AM / PM Time out 01:45 PM AM / PM  
Inspection Date 08/19/2020 Establishment # 605228715 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		
IN	OUT	NA	NO		COS	R	WT
<b>Supervision</b>							
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person in charge present, demonstrates knowledge, and performs duties	<input type="radio"/>	<input type="radio"/>	5
<b>Employee Health</b>							
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management and food employee awareness, reporting	<input type="radio"/>	<input type="radio"/>	5
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	<input type="radio"/>	<input type="radio"/>	5
<b>Good Hygienic Practices</b>							
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use	<input type="radio"/>	<input type="radio"/>	5
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	<input type="radio"/>	<input type="radio"/>	5
<b>Preventing Contamination by Hands</b>							
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	<input type="radio"/>	<input type="radio"/>	5
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	<input type="radio"/>	<input type="radio"/>	5
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Handwashing sinks properly supplied and accessible	<input type="radio"/>	<input type="radio"/>	2
<b>Approved Source</b>							
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	<input type="radio"/>	<input type="radio"/>	5
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	5
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	<input type="radio"/>	<input type="radio"/>	5
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction	<input type="radio"/>	<input type="radio"/>	5
<b>Protection from Contamination</b>							
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	<input type="radio"/>	<input type="radio"/>	4
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned and sanitized	<input type="radio"/>	<input type="radio"/>	5
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of unsafe food, returned food not re-served	<input type="radio"/>	<input type="radio"/>	2

**Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.**

## GOOD RETAIL PRACTICES

OUT=not in compliance COS=corrected on-site during inspection R=repeat (violation of the same code provision)					Compliance Status		
OUT					COS	R	WT
<b>Safe Food and Water</b>							
28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	1
29	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	<input type="radio"/>	<input type="radio"/>	2
30	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	1
<b>Food Temperature Control</b>							
31	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	2
32	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	1
33	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	1
34	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	1
<b>Food Identification</b>							
35	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container; required records available	<input type="radio"/>	<input type="radio"/>	1
<b>Prevention of Food Contamination</b>							
36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	<input type="radio"/>	<input type="radio"/>	2
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	<input type="radio"/>	<input type="radio"/>	1
38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	<input type="radio"/>	<input type="radio"/>	1
39	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	<input type="radio"/>	<input type="radio"/>	1
40	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	<input type="radio"/>	<input type="radio"/>	1
<b>Proper Use of Utensils</b>							
41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	1
42	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled	<input type="radio"/>	<input type="radio"/>	1
43	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles; properly stored, used	<input type="radio"/>	<input type="radio"/>	1
44	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	<input type="radio"/>	<input type="radio"/>	1

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous 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 68-14-703, 68-14-706, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge Ash Bran Date 08/19/2020 Signature of Environmental Health Specialist T. Robinson Date 08/19/2020

\*\*\*\* 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**



<b>Establishment Information</b>	
Establishment Name:	CAFE Ole' - Bar
Establishment Number #:	605228715

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

<b>Warewashing Info</b>			
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)

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

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

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: CAFE Ole' - Bar

Establishment Number : 605228715

***Comments/Other Observations***

1:  
2:  
3:  
4:  
5:  
6:  
7:  
8:  
9:  
10:  
11:  
12:  
13:  
14:  
15:  
16:  
17:  
18:  
19:  
20:  
21:  
22:  
23:  
24:  
25:  
26:  
27:  
57:  
1:  
2:  
3:  
4:  
5:  
6:  
7:  
58:  
1:  
2:  
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.***

\*\*\*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: CAFE Ole' - Bar

Establishment Number : 605228715

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

**Establishment Information**

Establishment Name: CAFE Ole' - Bar

Establishment Number #: 605228715

**Sources**

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

Source Type: Source:

**Additional Comments**