



# TENNESSEE DEPARTMENT OF HEALTH

## FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

# 84

Establishment Name FAM Type of Establishment ☒ Permanent ☐ Mobile  
 Address 149 MADISON AVE  
 City Memphis Time in 12:40 PM AM / PM Time out 01:20 PM AM / PM  
 Inspection Date 03/31/2022 Establishment # 605261739 Embargoed 000  
 Purpose of Inspection ☒ Routine ☐ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other  
 Risk Category ☐ 1 ☒ 2 ☐ 3 ☐ 4 Follow-up Required ☒ Yes ☐ No Number of Seats 32

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									
	IN	OUT	NA	NO	Supervision																								
1	<input checked="" type="radio"/>	<input type="radio"/>			Person in charge present, demonstrates knowledge, and performs duties					<input type="radio"/>	<input type="radio"/>	5																	
	IN	OUT	NA	NO	Employee Health																								
2	<input checked="" 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"/>			Proper use of restriction and exclusion					<input type="radio"/>	<input type="radio"/>																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
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"/>																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	<input type="radio"/>	<input type="radio"/>		<input checked="" 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"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					<input type="radio"/>	<input type="radio"/>																		
8	<input type="radio"/>	<input checked="" type="radio"/>			Handwashing sinks properly supplied and accessible					<input type="radio"/>	<input type="radio"/>	2																	
	IN	OUT	NA	NO	Approved Source																								
9	<input checked="" type="radio"/>	<input type="radio"/>			Food obtained from approved source					<input type="radio"/>	<input type="radio"/>																		
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Food received at proper temperature					<input type="radio"/>	<input type="radio"/>	5																	
11	<input type="radio"/>	<input checked="" type="radio"/>			Food in good condition, safe, and unadulterated					<input type="radio"/>	<input type="radio"/>																		
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction					<input type="radio"/>	<input type="radio"/>																		
	IN	OUT	NA	NO	Protection from Contamination																								
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"/>			Proper disposition of unsafe food, returned food not re-served					<input type="radio"/>	<input type="radio"/>	2																	

Compliance Status										COS					R					WT				
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods																			
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures					<input type="radio"/>	<input type="radio"/>	5												
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper reheating procedures for hot holding					<input type="radio"/>	<input type="radio"/>													
	IN	OUT	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control																			
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Proper cooling time and temperature					<input type="radio"/>	<input type="radio"/>	5												
19	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures					<input type="radio"/>	<input type="radio"/>													
20	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Proper cold holding temperatures					<input type="radio"/>	<input type="radio"/>													
21	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition					<input type="radio"/>	<input type="radio"/>													
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records					<input type="radio"/>	<input type="radio"/>													
	IN	OUT	NA	NO	Consumer Advisory																			
23	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Consumer advisory provided for raw and undercooked food					<input type="radio"/>	<input type="radio"/>	4												
	IN	OUT	NA	NO	Highly Susceptible Populations																			
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Pasteurized foods used; prohibited foods not offered					<input type="radio"/>	<input type="radio"/>	5												
	IN	OUT	NA	NO	Chemicals																			
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Food additives: approved and properly used					<input type="radio"/>	<input type="radio"/>	5												
26	<input checked="" type="radio"/>	<input type="radio"/>			Toxic substances properly identified, stored, used					<input type="radio"/>	<input type="radio"/>													
	IN	OUT	NA	NO	Conformance with Approved Procedures																			
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		Compliance with variance, specialized process, and HACCP plan					<input type="radio"/>	<input type="radio"/>	5												

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					COS	R	WT	Compliance Status					COS	R	WT		
	OUT	Safe Food and Water								OUT	Utensils and Equipment						
28	<input type="radio"/>	Pasteurized eggs used where required			<input type="radio"/>	<input type="radio"/>	1	45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			<input type="radio"/>	<input type="radio"/>	1		
29	<input type="radio"/>	Water and ice from approved source			<input type="radio"/>	<input type="radio"/>	2	46	<input type="radio"/>	Warewashing facilities, installed, maintained, used, test strips			<input type="radio"/>	<input type="radio"/>	1		
30	<input type="radio"/>	Variance obtained for specialized processing methods			<input type="radio"/>	<input type="radio"/>	1	47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean			<input type="radio"/>	<input type="radio"/>	1		
	OUT	Food Temperature Control								OUT	Physical Facilities						
31	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control			<input type="radio"/>	<input type="radio"/>	2	48	<input type="radio"/>	Hot and cold water available; adequate pressure			<input type="radio"/>	<input type="radio"/>	2		
32	<input type="radio"/>	Plant food properly cooked for hot holding			<input type="radio"/>	<input type="radio"/>	1	49	<input type="radio"/>	Plumbing installed; proper backflow devices			<input type="radio"/>	<input type="radio"/>	2		
33	<input type="radio"/>	Approved thawing methods used			<input type="radio"/>	<input type="radio"/>	1	50	<input type="radio"/>	Sewage and waste water properly disposed			<input type="radio"/>	<input type="radio"/>	2		
34	<input checked="" type="radio"/>	Thermometers provided and accurate			<input type="radio"/>	<input type="radio"/>	1	51	<input type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned			<input type="radio"/>	<input type="radio"/>	1		
	OUT	Food Identification								OUT	Administrative Items						
35	<input type="radio"/>	Food properly labeled; original container; required records available			<input type="radio"/>	<input type="radio"/>	1	52	<input type="radio"/>	Garbage/refuse properly disposed; facilities maintained			<input type="radio"/>	<input type="radio"/>	1		
	OUT	Prevention of Food Contamination							53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean			<input type="radio"/>	<input type="radio"/>	1	
36	<input type="radio"/>	Insects, rodents, and animals not present			<input type="radio"/>	<input type="radio"/>	2	54	<input checked="" type="radio"/>	Adequate ventilation and lighting; designated areas used			<input type="radio"/>	<input type="radio"/>	1		
37	<input type="radio"/>	Contamination prevented during food preparation, storage & display			<input type="radio"/>	<input type="radio"/>	1		OUT	Compliance Status			YES	NO	WT		
38	<input checked="" type="radio"/>	Personal cleanliness			<input type="radio"/>	<input type="radio"/>	1	55	<input type="radio"/>	Current permit posted			<input type="radio"/>	<input type="radio"/>	0		
39	<input type="radio"/>	Wiping cloths: properly used and stored			<input type="radio"/>	<input type="radio"/>	1	56	<input type="radio"/>	Most recent inspection posted			<input type="radio"/>	<input type="radio"/>			
40	<input type="radio"/>	Washing fruits and vegetables			<input type="radio"/>	<input type="radio"/>	1	Non-Smokers Protection Act									
	OUT	Proper Use of Utensils							57		Compliance with TN Non-Smoker Protection Act			<input type="radio"/>	<input checked="" type="radio"/>		
41	<input checked="" type="radio"/>	In-use utensils; properly stored			<input type="radio"/>	<input type="radio"/>	1	58		Tobacco products offered for sale			<input type="radio"/>	<input type="radio"/>	0		
42	<input checked="" type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled			<input type="radio"/>	<input type="radio"/>	1	59		If tobacco products are sold, NSPA survey completed			<input type="radio"/>	<input type="radio"/>			
43	<input checked="" type="radio"/>	Single-use/single-service articles; properly stored, used			<input type="radio"/>	<input type="radio"/>	1										
44	<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, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge [Signature] Date 03/31/2022 Signature of Environmental Health Specialist [Signature] Date 03/31/2022

\*\*\*\* Additional food safety information can be found on our website, <http://tn.gov/health/article/eh-foodservice> \*\*\*\*

## Establishment Number #: 605261739

Smoking observed where smoking is prohibited by the Act.

## Temperature ( Fahrenheit)

## Temperature ( Fahrenheit)

3

38

36

## Temperature ( Fahrenheit)

43

134

144

155

## Observed Violations

Total # 11

Repeated # 0

8: No soap by hand washing sink at the time of arrival  
Hand washing sink blocked  
11: Food items observed uncovered in reach in refrigerator  
34: No thermometers observed inside reach in coolers/freezers  
38: No hair restraint observed on kitchen employees  
41: Scoop improperly stored  
42: Broom improperly stored  
43: Single use items observed stored on the floor  
45: Shelves in reach in freezer appears to be rusty  
Interior of reach in freezer needs cleaning  
Stove top needs cleaning  
47: Exterior of cooking equipment needs cleaning  
53: Floor needs cleaning  
54: Ventilation hood lights not in good repair

TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD INSPECTION DATA



***Establishment Information***

Establishment Name: FAM

Establishment Number : 605261739

***Comments/Other Observations***

1:  
2:  
3:  
4:  
5:  
6: Kitchen employee observed washing hands at a non hand washing sink  
7:  
9: JFC  
Restaurant depot  
10:  
12:  
13:  
14:  
15:  
16:  
17:  
18:  
19:  
20:  
21:  
22:  
23:  
24:  
25:  
26:  
27:  
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: FAM

Establishment Number : 605261739

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

**Establishment Information**

Establishment Name: FAM

Establishment Number #: 605261739

**Sources**

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

**Additional Comments**