

Address

City

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Subway Permanent O Mobile Establishment Name Type of Establishment 3641 Brainerd Road, Suite A O Temporary O Seasonal Chattanooga Time in 01:58 PM AM / PM Time out 02:22; PM AM / PM

01/05/2023 Establishment # 605240190 Embargoed 0 Inspection Date

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

Number of Seats 20 Risk Category О3 04 Follow-up Required O Yes 疑 No

IB	<b>≱</b> in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe			_	05=	correc	ted:	on-si
_					Compliance Status	cos	R	WT				
	IN	OUT	NA	NO	Supervision				П	1	N C	оит
1	盔	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	ŀ	16 (	,	0
	IN	ОИТ	NA	NO	Employee Health						kt.	ŏ
2	300	0			Management and food employee awareness; reporting	0	0		۱ħ	-	$^{\dagger}$	
3	×	0			Proper use of restriction and exclusion	0	0	5	Н	"	۱	ОUТ
	IN	OUT	NA	NO	Good Hygienic Practices				17	18 (	গ	0
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5		19 3	8	0
5	×	0		0	No discharge from eyes, nose, and mouth	0	0	ľ		20 2		0
		OUT	NA	NO	Preventing Contamination by Hands					21 3	K	0
6	×	0		0	Hands clean and properly washed	0	0		H	22 (	ы	0
7	氮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	H			OUT
8	X	0			Handwashing sinks properly supplied and accessible	0	0	2	l ľ	23 (	Ť	0
		OUT	NA	NO	Approved Source				ľ	23 (	1	۰
9	窓	0			Food obtained from approved source	0	0		П	- 1	N (	OUT
10	0	0	0	×	Food received at proper temperature	0	0		17	24 (	╮Т	0
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	ľ	٠- ۱	1	٠
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		П	11	N	оит
	IN	OUT	NA	NO	Protection from Contamination					25 (		0
13	0	0	窳		Food separated and protected	0	0	4	1 [	26 8	8	0
14	X	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	lΓ	- 1		OUT
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	[	27 (	7	0

					Compliance Status	COS	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16		0	×	0	Proper cooking time and temperatures	0	0	5
17	*	0	0	0	Proper reheating procedures for hot holding	0	0	
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	24	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	0	0	
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	×		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25		0	3%		Food additives: approved and properly used	0	0	
26	2	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

GOX					
		OUT=not in compliance COS=corr			
		Compliance Status	COS	R	W
	OUT				
28	0	Pasteurized eggs used where required	0	0	
29		Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	L.
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	0	Contamination prevented during food preparation, storage & display	0	0	1
38	0	Personal cleanliness	0	0	Г
39	0	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	-
	OUT	Proper Use of Utensils			
41	0	in-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	0	Gloves used properly	0	0	

pecti		R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensils and Equipment	_		
45	0	Food and norifood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	题	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	0	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	2
49	0	Plumbing installed; proper backflow devices	0	0	2
50	0	Sewage and waste water properly disposed	0	0	2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
53	0	Physical facilities installed, maintained, and clean	0	0	1
54	0	Adequate ventilation and lighting; designated areas used	0	0	1
	OUT	Administrative Items			
55	0	Current permit posted	ि	0	Г
56	0	Most recent inspection posted	0	0	_ `
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- XX	0	
58		Tobacco products offered for sale	0	0	١
59		If tobacco products are sold, NSPA survey completed	0	0	

You have the right to request a h n ten (10) days of the date of the

01/05/2023

01/05/2023

Signature of Person In Charge

Date Signature of Environmental Health Specialist

Date

RDA 629

\*\*\*\* 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



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2010	11111		CREEFIG	-

Establishment Name: Subway
Establishment Number #: 605240190

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.	
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.	

Warewashing Info							
Machine Name	Sanitizer Type	PPM	Temperature ( Fahrenheit)				
Triple sink	Quat	200					

Equipment Temperature			
Description	Temperature ( Fahrenheit)		

Food Temperature		
Description	State of Food	Temperature ( Fahrenheit)
Meatballs	Hot Holding	170
Tuna salad	Cold Holding	40
Rotisserie chicken	Cold Holding	39
Sliced meats	Cold Holding	40
Spinach	Cold Holding	40
Shredded lettuce	Cold Holding	39
Sliced tomatoes	Cold Holding	38
Steak	Cold Holding	38
Chicken cooler	Cold Holding	28

Observed Violations
Total # 1
Repeated # ()
46: Sink mot set up properly. Need to move pabs, liners that are soaking when
washing pans, so wash, rinse and sanitize compartments can all be set up.
Sprayer not spraying well enough to use to rinse, appears to have mineral
buildup
l buildup

""See page at the end of this document for any violations that could not be displayed in this space.

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



### Establishment Information

Establishment Name: Subway

Establishment Number: 605240190

## Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 2: (IN): An employee health policy is available.
- 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.

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- 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.

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- 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: No raw food
- 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:

18: (N.O.) No cooling of TCS foods during inspection.

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: (NÁ) No food held under time as a public health control.
- (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:

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Subway		
Establishment Number: 605240190		
Comments/Other Observations (cont'd)		
Additional Comments (cont'd)		
See last page for additional comments.		

Establishment Information

Establishment Information	
Establishment Name: Subway	
Establishment Number #: 60524	0190
Sources	
Source Type:	Source:
Additional Comments	