

Address

Risk Category

City

### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Subway Establishment Name Permanent O Mobile Type of Establishment 3641 Brainerd Road, Suite A O Temporary O Seasonal

> Chattanooga Time in 01:25 PM AM / PM Time out 01:59: PM AM / PM

07/30/2021 Establishment # 605240190 Embargoed 3 Inspection Date

 Routine ₩ Follow-up O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

Number of Seats 20 ase Control and Prevention

# FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

status (IN, OUT, NA, NO) for each nu

Follow-up Required

IN-in compliance OUT-not in compliance NA-not applicable NO-not observed				ed		0		
	Compliance Status							WT
	IN	OUT	NA	NO	Supervision			
1	鼷	0			erson in charge present, demonstrates knowledge, and erforms duties		0	5
	IN	OUT	NA	NO	Employee Health			
2	-MC	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
	IN	OUT	NA	NO	Good Hygienic Practices			
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	°
	IN	OUT	NA	100.00	Preventing Contamination by Hands			
6	黨	0		0	Hands clean and properly washed	0	0	
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
8	100	0			Handwashing sinks properly supplied and accessible	0	0	2
	IN	OUT	NA	NO	Approved Source			
9	200	0			Food obtained from approved source	0	0	
10	0	0	0	×	Food received at proper temperature	0	0	
11	×	0			Food in good condition, safe, and unadulterated		0	5
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
13	Ŕ	0	0		Food separated and protected	0	0	4
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served		0	2

					Compliance Status	cos	R	WT
	IN	оит	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	寒	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	9
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	涎	Proper cooling time and temperature	0	0	
19	0	0	0	文	Proper hot holding temperatures	0	0	
20	24	0	0	L.	Proper cold holding temperatures	0	0	5
21	0	0	0	200	Proper date marking and disposition	0	0	
22	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	оит	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	菜	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

O Yes 疑 No

#### to control the introduction of pathogens, chemicals, and physical objects into foods.

L PRACTICES

			GOO		
		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	Ľ
	OUT	Food Temperature Control			
31	氮	Proper cooling methods used; adequate equipment for temperature control	0	0	1
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
34	<b>X</b>	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 Feed Contamination			
36	0	Insects, rodents, and animals not present	0	0	1
37	0	Contamination prevented during food preparation, storage & display	0	0	Ī
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	г
	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	Г
43	0	Single-use/single-service articles; properly stored, used	0	0	r
44	10	Gloves used properly	0	O	_

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	0	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	

nd post the most recent inspection report in a conspicuous manner. You have the right to requi 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. er. You have the right to request a hearing regarding this report by filing a written request v thin ten (10) days of the date of th

07/30/2021

Date Signature of Environmental Health Specialist

07/30/2021

Date

Signature of Person In Charge

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



Establishment Information								
Establishment Name: Subway								
Establishment Number #:  605240190								
NCDA Common To be commissed if	#F7 := #M=#							
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		or facilities at all times to	persons who are					
twenty-one (21) years of age or older.  Age-restricted venue does not require each per	son attempting to gain entr	y to submit acceptable f	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			d or open.					
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.						
Smoking observed where smoking is prohibited	by the Act.							
Warewashing Info	Sanitizer Type	2004	Temperature ( Fait					
Maonine Name	sanitizer Type	PPM	remperature ( Far	irenneit)				
		•	•					
Equipment Temperature								
Description			Temperature (Fah	renhelt)				
Food Temperature								
Description		State of Food	Temperature ( Fah	renhelf)				
Decomption		state of Food	remperature ( Pan	reminent/				
I		I	1					

Observed Violations
Total # 2 Repeated # 0
Repeated # 0
31: 34:
34:
1110as nans at the end of this document for any violations that could not be displayed in this space.

<sup>&#</sup>x27;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	
2:	
3:	
4:	
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6:	20
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57:	
58:	
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## Additional Comments

See last page for additional comments.

<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.		
see last page for additional comments.		

Establishment Information

Establishment Information							
Establishment Name: Subway							
Establishment Number #: 605240190							
Sources							
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							
Boneless chicken breast will need to be kept in case with owner explained lid or cover for case is needed.	with lid and do not use rack is not staying below 41. Spoke						