



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Subway Type of Establishment ☒ Permanent ☐ Mobile
 Address 2442 S. Church Street
 City Murfreesboro Time in 11:03 AM AM / PM Time out 11:19 AM AM / PM
 Inspection Date 01/27/2023 Establishment # 605314743 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 46

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	☒	☐			Person in charge present, demonstrates knowledge, and performs duties					☐	☐				5														
	IN	OUT	NA	NO	Employee Health																								
2	☒	☐			Management and food employee awareness, reporting					☐	☐				5														
3	☒	☐			Proper use of restriction and exclusion					☐	☐																		
	IN	OUT	NA	NO	Good Hygienic Practices																								
4	☒	☐		☐	Proper eating, tasting, drinking, or tobacco use					☐	☐				5														
5	☒	☐		☐	No discharge from eyes, nose, and mouth					☐	☐																		
	IN	OUT	NA	NO	Preventing Contamination by Hands																								
6	☒	☐		☐	Hands clean and properly washed					☐	☐				5														
7	☒	☐	☐	☐	No bare hand contact with ready-to-eat foods or approved alternate procedures followed					☐	☐																		
8	☒	☐			Handwashing sinks properly supplied and accessible					☐	☐				2														
	IN	OUT	NA	NO	Approved Source																								
9	☒	☐			Food obtained from approved source					☐	☐				5														
10	☐	☐	☐	☒	Food received at proper temperature					☐	☐																		
11	☒	☐			Food in good condition, safe, and unadulterated					☐	☐																		
12	☐	☐	☒	☐	Required records available: shell stock tags, parasite destruction					☐	☐																		
	IN	OUT	NA	NO	Protection from Contamination																								
13	☐	☐	☒		Food separated and protected					☐	☐				4														
14	☒	☐	☐		Food-contact surfaces: cleaned and sanitized					☐	☐																		
15	☒	☐			Proper disposition of unsafe food, returned food not re-served					☐	☐				2														

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

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



Establishment Information	
Establishment Name:	Subway
Establishment Number #:	605314743

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)
3 comp sink not set up	QA	400	

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)

Observed Violations

Total # 1

Repeated # 0

37:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway

Establishment Number : 605314743

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:
58:

Discussed on orevious inspection hot set up 3 comp sink and what the sanitization level should be. (IN) All food contact surfaces of equipment and utensils cleaned and sanitized using approved methods.

***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: Subway

Establishment Number : 605314743

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

Establishment Information

Establishment Name: Subway

Establishment Number #: 605314743

Sources

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

Additional Comments

Delivered notice of violation for current permit not being posted. Current inspection report was posted.