

City

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

R=repeat (violation of the same code provi-

O Farmer's Market Food Unit Jersey Mike's Subs Remanent O Mobile Establishment Name Type of Establishment 1202 S. James Campbell Blvd. O Temporary O Seasonal Address Columbia Time in 11:42: AM AM / PM Time out 12:30: PM AM / PM

12/02/2021 Establishment # 605247262 Embargoed 0 Inspection Date

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

Number of Seats 42 Risk Category О3 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

m (IN, OUT, NA, NO) for a

12	4=in c	ompli	ence		OUT=not in compliance NA=not applicable NO=not observe	ed		0	05=	con	recte	d on-si	te dur	Ŷ
					Compliance Status	cos	R	WT] [
	IN	OUT	NA	NO	Supervision				П	П	IN	OUT	NA	I
1	×	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	1 1	16	0	0	XX.	ł
	IN	OUT	NA	NO	Employee Health					17		0	Õ	t
2	300	0			Management and food employee awareness; reporting	0	0		1 1	╗				î
3	×	0			Proper use of restriction and exclusion	0	0	5	П		IN	OUT	NA	ı
	IN	OUT	NA	NO	Good Hygienic Practices				1 1	18	0	0	0	Ī
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1 [19	0	0	文	Ī
5	*	0		0	No discharge from eyes, nose, and mouth	0	0		H	20	24	0	0	I
	IN	OUT	NA	NO	Preventing Contamination by Hands				1 [21	×	0	0	I
6	100	0		0	Hands clean and properly washed	0	0		Ιſ	22	0	0	×	Ī
7	왮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	H	-	IN	OUT	NA.	ł
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	1 [23	0	0	M	Ī
	IN	OUT	NA	NO	Approved Source				1 Ľ	23	v		<i>p</i> =0	1
9	黨	0			Food obtained from approved source	0	0		П	П	IN	OUT	NA	Ī
10	0	0	0	×	Food received at proper temperature	0	0		16	24	0	0	323	Ī
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	Ιľ	4	U	ľ	500	ı
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0				IN	оит	NA	Ī
	IN	OUT	NA	NO	Protection from Contamination					25	0	0	X	J
13	Ŕ	0	0		Food separated and protected	0	0	4] [26	8	0		ī
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	1 [IN	OUT	NA	Ī
15	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2		27	0	0	X	Ī

	Compliance Status			cos	R	WT		
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	300	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	_	0	0	×	Proper cooling time and temperature	0	0	
19		0	文	0	Proper hot holding temperatures	0	0	
20		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	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	оит	NA	NO	Chemicals			
25		0	X		Food additives: approved and properly used	0	0	5
26	黨	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

trol the introduction of pathogens, chemicals, and physical objects into foods.

PRACTICES

			GOO		
		OUT=not in compliance COS=con			
		Compliance Status	cos	R	W
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	1
29	0	Water and ice from approved source	0	0	-
30	0	Variance obtained for specialized processing methods	0	0	١.
	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	Ε.
34	0	Thermometers provided and accurate	0	0	Т
	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	
37	885	Contamination prevented during food preparation, storage & display	0	0	
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	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

pecti	on	R-repeat (violation of the same code provision)		_	
		Compliance Status	COS	R	W
	OUT	Utensiis and Equipment			
45	0	Food and norfood-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	0
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	- 3%	0	
58		Tobacco products offered for sale	0	0	0
59		If tobacco products are sold, NSPA survey completed	0	0	

icuous manner. You have the right to request a hi ten (10) days of the date of the

12/02/2021

12/02/2021

Signature of Person In Charge

Date

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

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jersey Mike's Subs
Establishment Number #: [605247262

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.	
Sarage 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)						
Sanitizer bucket	Quat	400							

Equipment Temperature					
Description	Temperature (Fahrenheit)				
Meat cooler	39				
WIC	41				
RIF	4				

Food Temperature		
Description	State of Food	Temperature (Fahrenheit
Tuna fish salad (meat cooler)	Cold Holding	40
Shredded steak (prep cooler)	Cold Holding	32
Sliced tomatoes (prep line)	Cold Holding	39
Ham (WIC)	Cold Holding	41

Observed Violations
Total # 1
Repeated # ()
37: Employee jacket stored on shelf with to go items; employee drink stored in
RIF with food offered to customers

^{***}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: Jersey Mike's Subs Establishment Number: 605247262

Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 2: (IN): PIC has knowledge of symptoms and diseases of foodborne illnesses.
- 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.
- 6: Employee washed hands after handling dirty dishes
- 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.
- 9: See source
- 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: (IN) All raw animal food is separated and protected as required.
- 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: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: (NA) Establishment does not hot hold TCS foods.
- 20: See temps
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NA) No food held under time as a public health control.
- 23: (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.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

^{***}See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

Establishment Name: Jersey Mike's Subs	
Establishment Number: 605247262	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
Jee last page for additional comments.	

Establishment Information

Establishment Information								
Telephone and the control of the con	rsey Mike's Subs							
Establishment Number #:	605247262							
Sources								
Source Type:	Food	Source:	Sysco					
Source Type:	Water	Source:	City					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Comme	nts							