# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

No. of Concession, Name																			
Establishment Name		0	Greg's Sandwich Works Type of Establishment O Mobile																
Addr	Address			6337 East Brainerd Road O Temporary O Seasonal									/						
City				Ī	Chattanooga Time in 01:10 PM AM / PM Time out 01:40: PM AM / PM														
Insp	ctio	n Da	rte	(	04/24/202	4 Establishment					Emba								
			specti		Routine	O Follow-up	O Complaint			-	limin		-		Cor	nsultation/Other			
Risk	Cate	egor	y		01	\$12	03			04				Fo	ilow-	up Required O Yes 🕱 No Number of	f Seats	93	
		R														d to the Centers for Disease Control and Prev control measures to prevent illness or injury,	Intion		
					on a now any more			_	_	-						INTERVENTIONS			
18.6	in co	(CD mpli			OUT=not in compliance				liema							ach item as applicable. Deduct points for category or sub- spection R=repeat (violation of the same code pro		)	
_		_		_		iance Status	NO-not observe		R		Ĩ	00.004	100-9	ne dun	sy ins	Compliance Status		R	WT
-	-	-	NA	-	December 10 and 10	Supervision	In a stade and					IN	ουτ	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
		0			Person in charge pre performs duties		knowledge, and	0	0	5		0				Proper cooking time and temperatures	0	8	5
2			NA		Management and fo	Employee Health od employee awarer	ess; reporting	0	0	-	17					Proper reheating procedures for hot holding Ceeling and Holding, Date Marking, and Time a	_	0	
	_	0			Proper use of restric	tion and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Control	-		
	IN (		NA		Good Proper eating, tastin	I Hygienic Practic					18	民業	0	8		Proper cooling time and temperature Proper hot holding temperatures	0	8	
5	*	0	-	0	No discharge from e	yes, nose, and mout	th	0		5	20	25	0	0		Proper cold holding temperatures	0	0	5
		001		NO O	Preventin Hands clean and pro	g Contamination	by Hands	0	0	_		*			-	Proper date marking and disposition	0	0	Ť
_	_	ō	_	0	No bare hand contain	ct with ready-to-eat f	oods or approved	0	ō	5	22	0	0	NA		Time as a public health control: procedures and records	0	0	
8	1	0			alternate procedures Handwashing sinks	properly supplied an	d accessible	0	0	2	23	IN O	001	X	NO	Consumer advisory provided for raw and undercooked	0	0	4
			NA		Food obtained from	Approved Source approved source		0	0	-		_	OUT		NO	food Highly Susceptible Populations	+		-
10	0	0	0		Food received at pro Food in good conditi		torstad	8	00	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
11 12	_	0	80	0	Required records av			6	ŏ	Ĩ	H	IN	OUT	NA	NO	Chemicais	-		
		OUT	NA	-	destruction Protect	ion from Contami	nation	-	-			0				Food additives: approved and properly used	0	ा	
13 14	3	0	2		Food separated and Food-contact surfac		timed	8	8	4	26	黛	_	NA	10	Toxic substances properly identified, stored, used Conformance with Approved Procedures	0	0	•
15	_	0	-		Proper disposition of			6		2	27	-		22	_	Compliance with variance, specialized process, and	0	0	5
	~	Ű			served			Ū	<u> </u>	-		Ű	Ŭ	$\sim$		HACCP plan	10	<b>–</b>	,
				Goo	d Retail Practice	s are preventive	measures to co	ontro	the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical objects into foods.			
				Alla				600					ICE	3					
				001	*not in compliance Compl	iance Status	COS=corre		R		Inspec	ceon				R-repeat (violation of the same code provision Compliance Status		R	WT
28	_	OUT	Paste	urize	Safe Fo d eggs used where r	equired		0	0	1			UT	ood ar	nd no	Utensils and Equipment profood-contact surfaces cleanable, properly designed,			
29		Ō	Water	and	ice from approved s btained for specialize	ource	مغ <i>ن</i>	0		2	45	+				and used	0	0	1
30	_	OUT	vanar			perature Control	4.6			<u> </u>	46		<b>&gt;</b>   ^	Varew	ashin	g facilities, installed, maintained, used, test strips	0	0	1
31		0	Prope		ling methods used; a	adequate equipment	for temperature	0	0	2	47	_	O N	lonfoo	d-con	ntact surfaces clean Physical Facilities	0	0	1
32			Plant	food	properly cooked for			0			48		<b>⊃</b> ⊦			water available; adequate pressure		0	2
33	_				hawing methods use ters provided and ac			0	0	1	49	_				stalled; proper backflow devices	0	0	2
		OUT				dentification		Ť			51	_	_			es: properly constructed, supplied, cleaned	ŏ	ŏ	1
35			Food	prop	erly labeled; original			0	0	1	52			-		use properly disposed; facilities maintained	0	0	1
36	- 1		Incod		Prevention of dents, and animals n	Food Contaminat	lon	0	0	2	53 54	_	-			lities installed, maintained, and clean		0	1
	+	-		-				0	$\mapsto$	-	F	+-	-	voequa	ne ve	intilation and lighting; designated areas used	0	191	'
37	_				tion prevented durin	g food preparation, s	torage & display	0	0	1			UT			Administrative items			_
38					leanliness hs; properly used ar	d stored		0	0	1	55					nit posted inspection posted	0		0
40 O Washing fruits and vegetables				Ō	0			-	_			Compliance Status			WT				
41 O In-use ute			In-use	uter	Proper Use of Utensils ensils; properly stored			0	0	1		57 Compliance with TN Non-Smoker Protection Act			- 100	0	-		
					quipment and linens; (single-service article			0	0	1	58 58					ducts offered for sale roducts are sold, NSPA survey completed	0	0	0
	43       O       Single-use/single-service articles; properly stored, used       O       O       1         44       O       Gloves used properly       O       O       1																		
																Repeated violation of an identical risk factor may result in re- e. You are required to post the food service establishment pe			
mann	er an	d po	st the n	nost r		t in a conspicuous ma	nner. You have the rig	the to n	equest							e. You are required to post the food service establishment pe filing a written request with the Commissioner within ten (10) d			
- apos					$2^{\sim}$		0.4.1			1			_		/		01/		00.04

	04/24/2024			04/24/2024
Signature of Person In Charge	Date	Signature of Environ	nental Health Specialist	Date
	**** Additional food safety information can be found on o	ur website, http://tn.gov	/health/article/eh-foodserv	ice ****

PH-2267 (Rev. 6-15)	Free food safety training cl	RDA 629		
	Please call (	) 4232098110	to sign-up for a class.	10102

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



## Establishment Information

Establishment Name: Greg's Sandwich Works Establishment Number # 605243470

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 inflitrating 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	Chlorine	100							

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Sliced ham	Cold Holding	40
Sliced tomatoes	Cold Holding	40
Tuna salad	Cold Holding	40
Sliced turkey	Cold Holding	40
Cut leafy greens	Cold Holding	40
Hard boiled egg	Cold Holding	40
Coleslaw	Cold Holding	40
Garbanzo beans	Cold Holding	40
Chili	Hot Holding	147
Chicken wild rice soup	Hot Holding	150
Raw ground beef	Cold Holding	40
Chicken salad	Cooling	54
Sliced turkey #2	Cold Holding	40



### Establishment Information

Establishment Name: Greg's Sandwich Works Establishment Number : 605243470

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

- 2: Employee health policy posted.
- 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: Proper handwashing observed.

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: Food obtained from approved 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: No cooking observed.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Proper cooling observed with chicken salad. Product was made one hour ago.
- 19: Proper hot holding temperatures observed.
- 20: Proper cold holding temperatures observed.
- 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:

\*\*\*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: Greg's Sandwich Works Establishment Number : 605243470

Comments/Other Observations (cont'd)

Additional Comments (cont'd) See last page for additional comments.

# Establishment Information

Establishment Name: Greg's Sandwich Works

Establishment Number #: 605243470

Sources				
Source Type:	Food	Source:	PFG	
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments