# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

| Establishment Name                                                                                                                                                                                                                                                                                                                     |          | Greg's Sandwich Works Type of Establishment O Fermer's Market Food Unit Permanent O Mobile |                |               |                                        |                                                          |                        |          |        |              |          |               |             |                        |        |                                                                                            |           |        |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------|----------------|---------------|----------------------------------------|----------------------------------------------------------|------------------------|----------|--------|--------------|----------|---------------|-------------|------------------------|--------|--------------------------------------------------------------------------------------------|-----------|--------|--------------|
| Address                                                                                                                                                                                                                                                                                                                                |          |                                                                                            | 6337 East      | Brainerd Road |                                        |                                                          |                        |          |        | . ,,,        |          |               |             | O Temporary O Seasonal |        |                                                                                            | /         |        |              |
| City                                                                                                                                                                                                                                                                                                                                   |          |                                                                                            |                |               | Chattanoo                              | ga                                                       | Time in                | 01       | L:3    | 5 P          | M        | A             | / PN        | / Tir                  | ne ou  | ut 02:05; PM AM/PM                                                                         |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          | n Da                                                                                       | da.            |               | 06/01/2                                | 023 Establishment #                                      |                        |          |        |              |          | _             | d 0         |                        |        |                                                                                            |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            | spect          |               | Routine                                | O Follow-up                                              | O Complaint            | <u> </u> |        | - '<br>O Pre |          |               | -           |                        | 0      | nsultation/Other                                                                           |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            |                |               |                                        |                                                          |                        |          |        | _            | AUTION   | ary           |             |                        |        |                                                                                            |           | 03     |              |
| Risk                                                                                                                                                                                                                                                                                                                                   | Cat      | egon<br>R                                                                                  |                |               | O 1<br>ors are food p                  | reparation practices                                     | O3<br>and employee     | beha     |        | 04           | st co    | mm            | only        |                        |        | up Required O Yes 🗱 No Number of a to the Centers for Disease Control and Preven           |           | 33     |              |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            |                |               |                                        |                                                          |                        |          |        |              |          |               |             |                        |        | control measures to prevent illness or injury.                                             |           |        |              |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS<br>(Mark designated compliance status (IN, OUT, NA, NO) for each numbered liem. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)                                                                            |          |                                                                                            |                |               |                                        |                                                          |                        |          |        |              |          |               |             |                        |        |                                                                                            |           |        |              |
| IN                                                                                                                                                                                                                                                                                                                                     | in c     | ompili                                                                                     |                | _             |                                        | iance NA=not applicable                                  | NO=not observe         |          |        |              |          |               |             |                        |        | spection R=repeat (violation of the same code provis                                       |           |        |              |
| _                                                                                                                                                                                                                                                                                                                                      |          |                                                                                            |                |               | Co                                     | mpliance Status                                          |                        | COS      | R      | WT           |          | _             | _           |                        |        | Compliance Status<br>Coolding and Reheating of Time/Temperature                            | COS       | R      | WT           |
| -                                                                                                                                                                                                                                                                                                                                      | -        | -                                                                                          | NA             |               | Person in chara                        | Supervision<br>e present, demonstrates i                 | mowledge and           |          |        | _            |          | IN            | ουτ         | NA                     | NO     | Control For Safety (TCS) Foods                                                             |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        | 邕        | 0                                                                                          | NA             |               | performs duties                        |                                                          | eromoge, and           | 0        | 0      | 5            |          | 00            | 0           | 0                      |        | Proper cooking time and temperatures<br>Proper reheating procedures for hot holding        | 8         | 읽      | 5            |
|                                                                                                                                                                                                                                                                                                                                        |          | 0                                                                                          | nea            | no            | Management ar                          | nd food employee awarene                                 | ess; reporting         | 0        | 0      |              | H        |               |             |                        |        | Cooling and Holding, Date Marking, and Time as                                             | -         | -      |              |
|                                                                                                                                                                                                                                                                                                                                        | 黨        | 0                                                                                          |                |               |                                        | striction and exclusion                                  |                        | 0        | 0      | <u> </u>     |          | IN            | OUT         |                        | NO     | a Public Health Control                                                                    |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        | IN<br>XX |                                                                                            | NA             |               |                                        | Bood Hygienic Practice<br>asting, drinking, or tobacc    |                        | 0        | 0      | _            |          | 0             | 0           | 0                      |        | Proper cooling time and temperature<br>Proper hot holding temperatures                     | 8         | 읭      |              |
| 5                                                                                                                                                                                                                                                                                                                                      | 1        | 0                                                                                          |                | 0             | No discharge fro                       | om eyes, nose, and mouth                                 | 1                      | ŏ        | ŏ      | 5            | 20       | 25            | 0           | 0                      |        | Proper cold holding temperatures                                                           | 0         | 0      | 5            |
|                                                                                                                                                                                                                                                                                                                                        | IN<br>X  | 0                                                                                          | NA             | _             |                                        | nting Contamination b<br>d properly washed               | y Hands                | 0        | 0      |              | 21       | <u>≋</u><br>0 | 0           | -                      |        | Proper date marking and disposition                                                        |           | 0      |              |
|                                                                                                                                                                                                                                                                                                                                        | ×        | 0                                                                                          | 0              |               | No bare hand or<br>alternate proces    | ontact with ready-to-eat fo                              | ods or approved        | 0        | 0      | 5            | "        |               | OUT         | NA                     | NO     | Time as a public health control: procedures and records<br>Consumer Advisory               | 0         | 9      |              |
|                                                                                                                                                                                                                                                                                                                                        |          | <u> </u>                                                                                   |                |               |                                        | inks properly supplied and                               | accessible             | 0        | 0      | 2            | 23       | 0             | 0           | 10                     |        | Consumer advisory provided for raw and undercooked                                         | 0         | 0      | 4            |
| _                                                                                                                                                                                                                                                                                                                                      | IN<br>嵐  |                                                                                            | NA             |               | Food obtained f                        | Approved Source<br>rom approved source                   |                        | 0        | ο      |              |          |               | OUT         |                        | _      | food<br>Highly Susceptible Populations                                                     | - 1       | -      | _            |
| 10                                                                                                                                                                                                                                                                                                                                     | 0        | 8                                                                                          | 0              | ×             | Food received a                        | t proper temperature<br>indition, safe, and unadult      | orated                 | 0        | 8      | 5            | 24       | 0             | 0           | ×                      |        | Pasteurized foods used; prohibited foods not offered                                       | 0         | 0      | 5            |
| 11<br>12                                                                                                                                                                                                                                                                                                                               | ð        | 0                                                                                          | ×              | 0             | Required record                        | s available: shell stock ta                              |                        | õ        | ŏ      | Ť            | H        | IN            | OUT         | NA                     | NO     | Chemicais                                                                                  |           |        | _            |
|                                                                                                                                                                                                                                                                                                                                        | IN       | OUT                                                                                        | NA             | NO            | destruction<br>Pro                     | tection from Contamin                                    | ation                  | -        | -      | _            | 25       | 0             | 0           | X                      |        | Food additives: approved and properly used                                                 | 0         | তা     |              |
| 13                                                                                                                                                                                                                                                                                                                                     | 2        | 0                                                                                          | 0              |               | Food separated                         |                                                          | in a d                 |          | 2      |              | 26       | ×             | 0           | NA                     | 110    | Taxic substances properly identified, stored, used<br>Confermance with Approved Procedures | 0         | 0      | •            |
| 14<br>15                                                                                                                                                                                                                                                                                                                               | _        | 0<br>0                                                                                     |                |               |                                        | infaces: cleaned and sanit<br>on of unsafe food, returne |                        | 0        | 0<br>0 | 2            | 27       | ~             | 0           | X                      |        | Compliance with variance, specialized process, and<br>HACCP plan                           | 0         | 0      | 5            |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            |                | Goo           | d Retail Prac                          | tices are preventive                                     | measures to co         | ntro     | l the  | intro        | duc      | tion          | of p        | atho                   | gens   | , chemicals, and physical objects into foods.                                              |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            |                |               |                                        |                                                          |                        |          |        | ar/Al        |          |               | ICE)        | 3                      |        |                                                                                            |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          |                                                                                            |                | 00            | F=not in complianc<br>Col              | e<br>mpliance Status                                     | COS=corre              |          | R R    |              | inspec   | ction         |             |                        |        | R-repeat (violation of the same code provision)<br>Compliance Status                       | COS       | R      | WT           |
| 2                                                                                                                                                                                                                                                                                                                                      | _        | OUT                                                                                        | Dest           |               |                                        | e Food and Water                                         |                        | ~        |        | _            |          |               | UT          |                        |        | Utensils and Equipment<br>nfood-contact surfaces cleanable, properly designed,             |           |        |              |
| 2                                                                                                                                                                                                                                                                                                                                      | 9        | 0                                                                                          | Wate           | r and         | d eggs used wh<br>ice from approv      | ed source                                                |                        | 0        | 8      | 2            | 45       | 5             |             |                        |        | and used                                                                                   | 0         | 0      | 1            |
| 3                                                                                                                                                                                                                                                                                                                                      | -        | O<br>OUT                                                                                   | Varia          | nce c         |                                        | ialized processing method<br>Temperature Control         | 3                      | 0        | 0      | 1            | 46       | 1             | o 🛛         | larew:                 | ashin  | g facilities, installed, maintained, used, test strips                                     | 0         | 0      | 1            |
| 3                                                                                                                                                                                                                                                                                                                                      |          | 0                                                                                          |                |               |                                        | ed; adequate equipment f                                 | for temperature        | 0        | 0      | 2            | 47       | _             |             | onfoo                  | d-cor  | tact surfaces clean                                                                        | 0         | 0      | 1            |
| 3                                                                                                                                                                                                                                                                                                                                      |          | -                                                                                          | contr<br>Plant |               | properly cooked                        | for hot holding                                          |                        | 0        | 0      |              | 48       |               | UT<br>D ⊟   | ot and                 | l cold | Physical Facilities<br>(water available; adequate pressure                                 | 0         | 0      | 2            |
| 3                                                                                                                                                                                                                                                                                                                                      | 3        | 0                                                                                          | Appr           | oved          | thawing methods                        | s used                                                   |                        | 0        | 0      | 1            | 49       | 1             | D PI        | lumbir                 | ng ins | stalled; proper backflow devices                                                           | 0         | 0      | 2            |
| 3                                                                                                                                                                                                                                                                                                                                      |          | 0<br>OUT                                                                                   | Then           | mome          | eters provided an                      | nd accurate                                              |                        | 0        | 0      | 1            | 50       | _             | _           |                        |        | waste water properly disposed<br>s: properly constructed, supplied, cleaned                | 8         | 0      | 2            |
| 3                                                                                                                                                                                                                                                                                                                                      | _        |                                                                                            | Food           | prop          |                                        | inal container; required re                              | cords available        | 0        | 0      | 1            | 52       | _             | _           |                        |        | use properly disposed; facilities maintained                                               | ŏ         | 0      | 1            |
|                                                                                                                                                                                                                                                                                                                                        |          | OUT                                                                                        |                |               |                                        | n of Food Contaminati                                    |                        | -        |        | -            | 53       |               |             | -                      |        | lities installed, maintained, and clean                                                    | 0         | 0      | 1            |
| 3                                                                                                                                                                                                                                                                                                                                      | 8        | 0                                                                                          | Insec          | ts, ro        | dents, and anim                        | als not present                                          |                        | 0        | 0      | 2            | 54       | 1 0           | D A         | dequa                  | te ve  | ntilation and lighting; designated areas used                                              | 0         | 0      | 1            |
| 3                                                                                                                                                                                                                                                                                                                                      | 7        | 0                                                                                          | Cont           | amina         | ition prevented of                     | during food preparation, st                              | orage & display        | 0        | 0      | 1            |          | 0             | UT          |                        |        | Administrative Items                                                                       |           |        |              |
| 3                                                                                                                                                                                                                                                                                                                                      | -        | -                                                                                          | -              |               | leanliness                             | d and stored                                             |                        | 0        | 0      | 1            | 55       |               |             |                        |        | nit posted                                                                                 | 0         | 0      | 0            |
| 3                                                                                                                                                                                                                                                                                                                                      | _        |                                                                                            |                | - N           | ths; properly use<br>ruits and vegetal |                                                          |                        | 0        | 8      |              | - 20     |               | <b>5</b> [M | ost re                 | cent   | Compliance Status                                                                          |           |        | WT           |
| _                                                                                                                                                                                                                                                                                                                                      | _        | OUT                                                                                        |                |               |                                        | er Use of Utensils                                       |                        | •        |        |              |          | 1             |             |                        |        | Non-Smokers Protection Act                                                                 |           |        |              |
| 4                                                                                                                                                                                                                                                                                                                                      | _        |                                                                                            |                |               | nsils; properly st<br>quipment and lin | ored<br>sens; properly stored, drie                      | d, handled             | 0        | 0      | 1            | 57<br>58 | 5             | Te          | obacc                  | o pro  | with TN Non-Smoker Protection Act<br>ducts offered for sale                                | ð         | 0      | 0            |
| 4                                                                                                                                                                                                                                                                                                                                      | _        | 0                                                                                          | Singl          | e-use         |                                        | inticles; properly stored, us                            |                        | 0        |        | 1            | 58       |               |             |                        |        | oducts are sold, NSPA survey completed                                                     | 0         | 0      |              |
| _                                                                                                                                                                                                                                                                                                                                      |          |                                                                                            |                |               |                                        | r itama within tan 1400 dama                             | may republic surgers   |          |        |              | and a    |               | hillet      | und or                 | - Logo | Repeated violation of an identical risk factor may result in revo                          | and and a | al and | a local      |
| servi                                                                                                                                                                                                                                                                                                                                  | ce es    | tablis                                                                                     | hmen           | t perm        | sit. Items identified                  | as constituting imminent h                               | ealth hazards shall be | corre    | cted i | mmedi        | ately o  | e ope         | ration      | s shall                | ceas   | e. You are required to post the food service establishment perm                            | t in a c  | onspi  | icuous       |
| manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections (8-14-703, 68-14-705, 68-14-708, 68-14-715, 68-14-715, 68-14-716, 4-5-329, |          |                                                                                            |                |               |                                        |                                                          |                        |          |        |              |          |               |             |                        |        |                                                                                            |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        |          | _                                                                                          | 06/0           |               |                                        |                                                          |                        |          |        |              |          |               |             |                        | -      |                                                                                            |           |        |              |
|                                                                                                                                                                                                                                                                                                                                        | 2        | $\leq$                                                                                     | /              |               |                                        |                                                          | 06/0                   |          | 023    | 3            |          |               | /           |                        |        |                                                                                            | 0/6       | 1/2    | 2023         |
| Sigr                                                                                                                                                                                                                                                                                                                                   | atur     | re of                                                                                      | Pers           | on In         | Charge                                 |                                                          | 06/0                   |          | _      | 3<br>Date    | Sig      | natu          | re of       | Envir                  |        | Intal Health Specialist                                                                    | 06/0      | 1/2    | 2023<br>Date |

|                     | Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice |       |
|---------------------|-------------------------------------------------------------------------------------------------------------|-------|
| PH-2267 (Rev. 6-15) | Free food safety training classes are available each month at the county health department.                 | A 629 |
| river. or isy       | Please call ( ) 4232098110 to sign-up for a class.                                                          |       |

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



### Establishment Information

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

| 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.       Image: Completely removed or open. | VSPA Survey – To be completed if #57 is "No"                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|
| "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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |  |
| Garage type doors in non-enclosed areas are not completely open.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | vge-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.             |  |
| Tents or awnings with removable sides or vents in non-enclosed areas are not completely removed or open.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sarage type doors in non-enclosed areas are not completely open.                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ents 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.                                    |  |
| Smoking observed where smoking is prohibited by the Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | moking observed where smoking is prohibited by the Act.                                                                 |  |

| Warewashing Info |                |     |                          |
|------------------|----------------|-----|--------------------------|
| Machine Name     | Sanitizer Type | PPM | Temperature (Fahrenheit) |
|                  |                |     |                          |
|                  |                |     |                          |
|                  |                |     |                          |
|                  |                |     |                          |

| Equipment l'emperature |                          |
|------------------------|--------------------------|
| Description            | Temperature (Fahrenheit) |
|                        |                          |
|                        |                          |
|                        |                          |
|                        |                          |
|                        |                          |
|                        |                          |

| Temperature (Fahrenheit) |
|--------------------------|
| 10                       |
| ng 40                    |
| ng 40                    |
| ing 40                   |
| ng 40                    |
| g 155                    |
| ing 40                   |
| ing 40                   |
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#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### 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: (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.
- 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) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 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.

# 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