TENNESSEE DEPARTMENT OF HEALTH

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ALC: NO	FOOD SERVICE ESTABLISHMENT INSPECTION REPORT SCORE								_											
×		H.			Subway #	32212										O Farmer's Market Food Unit	10	1	ſ	١
Esta	blish	men	t Nar	ne								Тур	e of E	Establi	shme	ent Kermanent O Mobile]		J
Add	ess				<u> </u>	on Pike, STE 1										O Temporary O Seasonal				
City					Ooltewah		Time in	01	1:1	0 F	M	AN	/ / PI	M Tir	ne o	ut 01:50:PM AM/PM				
Insp	ectio	n Da	te		01/30/2	023 Establishment	60517496	3		_	Emba	rgoe	d 0							
Purp	ose	of In:	spect		Routine	O Follow-up	O Complaint			O Pr					Cor	nsuitation/Other				
Risi	Cat	egon	, ·		O 1	\$222	O 3			O 4				Fo	ilow-	up Required O Yes 🕱 No	Number of S	eats	42	
		R														to the Centers for Disease Cont control measures to prevent illn	rol and Prevent			
																INTERVENTIONS	obe er nigery.			
				algna					Rema							ach liem as applicable. Deduct points for				
IN	in co	mplia	nce		OUT=not in comp	pliance NA=not applicabl pipeliance Status	e NO=not observ		R		S=con	ected	t on-s	ite duri	ng ins	spection R=repeat (violation of th Compliance Status		n) COS	R	WT
	IN	ουτ	NA	NO		Supervision						IN	оит	NA	NO	Cooking and Reheating of Time Control For Safety (TCS)				
1	鬣	٥			Person in charg performs duties	ge present, demonstrates	knowledge, and	0	0	5		0		×		Proper cooking time and temperatures		8	0	5
2	IN I		NA	NO	Management a	Employee Health nd food employee aware		0			17	0	0	0	×	Proper reheating procedures for hot hok Ceeling and Holding, Date Markin		0	0	Ĵ
		ō				estriction and exclusion		0	ō	5		IN	OUT	NA	NO	a Public Health Cont				
	_	_	NA	NO		Good Hygienic Practi						0 意	0			Proper cooling time and temperature		0	응	
5		0		0	No discharge fr	tasting_drinking_or tobac om eyes, nose, and mou	th	ŏ	0	5	20	25	00	0		Proper hot holding temperatures Proper cold holding temperatures		0	0	5
	IN P	001	NA	NO O		nting Contamination nd properly washed	by Hands	0	0		21 22	<u>≋</u> 0	0	0		Proper date marking and disposition Time as a public health control: procedu	me and records	0 0	0	
7	鬣	0	0	0	No bare hand o alternate proces	ontact with ready-to-eat t dures followed	oods or approved	0	0	5		-	-	NA				~	9	_
8		읈	NA	NO		inks properly supplied an Approved Source	d accessible	0	0	2	23	0	0	12		Consumer advisory provided for raw an food		0	0	4
9	嵐	0				from approved source			0			IN	OUT	NA	NO	Highly Susceptible Popul	tions		_	
10 11		0	0	×	Food in good co	at proper temperature ondition, safe, and unadu		8	0	5	24	٥	0	×		Pasteurized foods used; prohibited food	s not offered	0	0	5
		0	X	0	Required record destruction	ds available: shell stock t	ags, parasite	0	0			IN	ουτ			Chemicals				
13	IN O	OUT O	NA S	NO	Pro Food separated	tection from Contam i and protected	ination	0	0	4	25 26	0	0	X		Food additives: approved and properly of Toxic substances properly identified, sto		0	응	5
14		ŏ			Food-contact se	urfaces: cleaned and san		ŏ	ŏ	5		ÎN	OUT	NA		Conformance with Approved I	Procedures	Ĭ,	_	
15	舃	٥			Proper disposit served	ion of unsafe food, return	ed food not re-	0	0	2	27	0	0	黨		Compliance with variance, specialized p HACCP plan	rocess, and	0	٥	5
				God	d Retail Prac	tices are preventive	measures to co						-	_	gens	s, chemicals, and physical object	s into foods.			
				00	T=not in complian		COS=com	icted o	n-site				IGR	5		R-repeat (violation of the sar				
		OUT				mpliance Status fe Food and Water		cos	R	WT		0	UT			Compliance Status Utensils and Equipment		COS	R	WT
2					ed eggs used wh lice from approv			8	8	1	45	1				infood-contact surfaces cleanable, prope and used	rly designed,	0	0	1
3	>		Varia		obtained for spec	cialized processing method	ods	ŏ	ŏ	1	46		-			g facilities, installed, maintained, used, to	est strips	0	0	1
3	_		_	er co		Temperature Control sed; adequate equipment	for temperature	0	0	2	47	_	0 N			ntact surfaces clean	-	0	0	1
3		-	contr Plant		properly cooked	i for hot holding		-	0		48		UT D ⊢	iot and	Loold	Physical Facilities I water available; adequate pressure		0	0	2
3	3	0	Appr	oved	thawing method	is used		0	0	1	49		ΣP	lumbir	ng ins	stalled; proper backflow devices		0	0	2
3	-	O OUT	Ther	mom	eters provided a	nd accurate ood identification		0	0	1	50 51	_	_			I waste water properly disposed es: properly constructed, supplied, cleane	d	0	0	2
3	5	0	Food	i prop	erly labeled; orig	ginal container; required r	ecords available	0	0	1	52	: (o G	Sarbag	e/refi	use properly disposed; facilities maintain	ed	0	0	1
	-	OUT				n of Feed Contamina	tion				53	_	-			ilities installed, maintained, and clean		_	0	1
3	8	<u> </u>	Insec	ots, ro	idents, and anim	hals not present		0	0	2	54	•	D A	dequa	de ve	intilation and lighting; designated areas u	sed	0	0	1
3						during food preparation, :	storage & display	0	0	1			UT			Administrative Items				
3	-	-	-		cleanliness ths: properly use	ed and stored		0	0	1	55		_		-	nit posted inspection posted		8	0	0
4		O TUO	_	hingt	ruits and vegeta	bles per Use of Utensils			0			-	_			Compliance Status Non-Smokers Protection	A = 4	YES		WT
4	1	0	In-us		nsils; properly st	fored			0		57					with TN Non-Smoker Protection Act	AG	X	<u> </u>	
4	3	0	Sing	e-use	single-service a	nens; properly stored, dri articles; properly stored, i			0	1	58 59					ducts offered for sale oducts are sold, NSPA survey complete	1	0	00	0
					ed properly				0											
serv	ce es	tablis	hmer	st perm	nit. Items identifie	d as constituting imminent	health hazards shall b	e corre	cted i	mmed	ately o	e ope	ration	is shall	ceas	Repeated violation of an identical risk factor e. You are required to post the food service	establishment permit	in a c	onspi	icuous
man repo	t. T.		st the			report in a conspicuous ma 68-14-708, 68-14-709, 68-14-				t a hei	ring re	gard	ing thi	is repo	nt by f	filing a written request with the Commissione	r within ten (10) days	of the	date	of this
	,	Ĵ	Å.	1			01/3	30/2	023	3		X	\bigcirc	17	F	Alil	C)1/3	0/2	023
			_														-			
Sig	atur	e of	Pers	on In	Charge	5			(Date	Sig	natu	re of	Envir	onme	ental Health Specialist				Date

	P	-		
PH-2267 (Rev. 6-15)	Free food safety training cla Please call (isses are available each mon) 4232098110	th at the county health department. to sign-up for a class.	RDA 629
	r reade con (/ -202000110	to orgin up for a oraco.	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #32212 Establishment Number #: 605174963

ISPA Survey – To be completed if #57 is "No"	
ge-restricted venue does not affirmatively restrict access to its buildings or facilities at all times to persons who are venty-one (21) years of age or older.	
ge-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.	
arage 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.	
moke from non-enclosed areas is infiltrating into areas where smoking is prohibited.	
moking observed where smoking is prohibited by the Act.	

Warewashing Info												
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)									
Triple sink	QA	200										

Equipment Temperature		
Description	Temperature (Fahrenheit)	
Walk in cooler	37	
Reach in cooler	37	
Prep cooler	39	

Food Temperature							
Decoription	State of Food	Temperature (Fahrenheit					
Ham (prep cooler)	Cold Holding	39					
Ham (walk in cooler)	Cold Holding	39					
Turkey (walk in)	Cold Holding	37					
Turkey (prep cooler)	Cold Holding	39					
Sliced tomatoes (reach in)	Cold Holding	37					
Sliced tomatoes (prep cooler)	Cold Holding	37					
Meatballs	Hot Holding	171					

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #32212

Establishment Number : 605174963

Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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: Good 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 from approved sources.

- 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: No raw animal products present at facility during time of inspection.
- 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: See temperatures.
- 20: See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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: Subway #32212

Establishment Number : 605174963

Comments/Other Observations (cont'd)

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

Establishment Information Establishment Name: Subway #32212

Establishment Number # 605174963

Sources				
Source Type:	Water	Source:	Public	
Source Type:	Food	Source:	Reinhart	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments