TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

| 5 | ACRN . | Ł, | 15 | | FOOD SER | VICE ESTA | | 131 | | - | | 131 | LO | | | | | | |
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| N. | iii iii | 744 | S. Car | | | | | | | | | | | | | | | | |
| Eet | shiel | hmen | t Nar | | Penn Station Subs | | | | | | | | | | Fermer's Merket Food Unit Sermanent O Mobile | g | | | |
| | iress | | | | 5241 Hwy 153 | | | | | _ | Тур | xe of E | Establi | ishme | O Temporary O Seasonal | | | | |
| | | , | | | Hixson | Time in | 03 | ۲·U | 0 F | - | | | | | ut 03:10; PM AM / PM | | | | |
| City | | | | | | | | 5.0 | | | - | | | me o | UE 00.10; 111 AM/PM | | | | |
| | | on Da | | | 09/30/2021 Establishmen | | | | - | | - | d 0 | | | l | | | | |
| Puŋ | pose | of In | spec | tion | O Routine | O Complaint | | | O Pro | elimin | ary | | C | Cor | nsuitation/Other | | | 01 | |
| Risi | k Cat | tegor | | a rat | O1 X2 | O3 | behr | | 04 | at c | - | onb | | | up Required O Yes 🗮 No d to the Centers for Disease Conti | Number of S | | 81 | |
| | | | | | | | | | | | | | | | control measures to prevent illne | | | | |
| | | (14) | urik de | alona | | | | | | | | | | | INTERVENTIONS such item as applicable. Deduct points for c | ategory or subcate | morry.) | | |
| IN | ⊨in c | ompii | | | OUT=not in compliance NA=not applicat | | | | | | | | | | spection R=repeat (violation of the | e same code provisio | xn) | | |
| | - | our | NA | 100 | Compliance Status Supervision | | cos | R | WT | | | | | | Compliance Status Cooking and Reheating of Time/ | | cos | R | WT |
| | in E | 001 | NA | NO | Person in charge present, demonstrate | es knowledge, and | 0 | | - | | IN | OUT | NA | NO | Control For Safety (TCS) | | | | |
| 1 | | - | NA | NO | performs duties Employee Healt | h | 0 | 0 | 5 | | 凉 0 | 0 | 0 | | Proper cooking time and temperatures Proper reheating procedures for hot hold | ina | 0 | 응 | 5 |
| | 26 | 0 | | | Management and food employee awar | reness; reporting | | 0 | 5 | - | IN | оит | | NO | Cooling and Holding, Date Marking | | | - | |
| 3 | 8 | O OUT | NA | NO | Proper use of restriction and exclusion Good Hygienic Pract | | 0 | 0 | · | 19 | 0 | 0 | 0 | | a Public Health Centre Proper cooling time and temperature | 61 | 0 | | |
| 4 | X | 0 | nuA. | 0 | Proper eating, tasting, drinking, or toba | ecco use | | 0 | 5 | 19 | 0 | 0 | 0 | | Proper hot holding temperatures | | 0 | 0 | |
| 5 | 高 IN | | NA | | No discharge from eyes, nose, and mo Preventing Contamination | | 0 | 0 | - | | 14 | 8 | 8 | 0 | Proper cold holding temperatures Proper date marking and disposition | | 0 | 읭 | 5 |
| 6 | × | | | _ | Hands clean and properly washed No bare hand contact with ready-to-ea | t foods or approved | _ | 0 | 5 | 22 | 0 | 0 | × | 0 | Time as a public health control: procedur | res and records | 0 | 0 | |
| 7 | 邕 | 0 | 0 | 0 | alternate procedures followed | | 0 | 0 | _ | | IN | OUT | _ | NO | Consumer Advisory Consumer advisory provided for raw and | under etc.d | | - | |
| | IN | OUT | NA | _ | Handwashing sinks properly supplied a Approved Source | accessible | | | - | 23 | | 0 | 黛 | | food | | 0 | 0 | 4 |
| | 黨 | | 0 | | Food obtained from approved source Food received at proper temperature | | 8 | 0 | | | IN | OUT | NA | NO | | | | | |
| 11 | × | 0 | | | Food in good condition, safe, and unac Required records available: shell stock | | 0 | 0 | 5 | 24 | | 0 | | | Pasteurized foods used; prohibited foods | s not offered | 0 | 0 | • |
| 12 | 0 | 0 | X | 0 | destruction Protection from Contar | | 0 | 0 | | 25 | IN O | OUT | NA | NO | Chemicals Food additives: approved and properly u | cod | 0 | 0 | |
| 13 | X | 0 | 0 | - NO | Food separated and protected | | | 0 | | | 嵐 | 0 | | · | Toxic substances properly identified, sto | red, used | ŏ | | 5 |
| | _ | 0 | 0 | | Food-contact surfaces: cleaned and sa Proper disposition of unsafe food, return | | 0 | | 5 | | IN | | NA | NO | Conformance with Approved P Compliance with variance, specialized pr | | _ | | |
| 15 | 黛 | 0 | | | served | | 0 | 0 | 2 | 27 | 0 | 0 | 8 | | HACCP plan | | 0 | 0 | 5 |
| | | | | Goo | d Retail Practices are prevention | re measures to co | ntro | l the | intr | oduc | tion | of p | atho | geni | s, chemicals, and physical object | s into foods. | | | |
| | | | | 011 | T=not in compliance | COS=corre | | | э г .\ | | | | 3 | | R-repeat (violation of the sam | (acisto any size) | | | |
| | | | _ | | Compliance Status | 003-0016 | | R | | É | | | | | Compliance Status | | COS | R | WT |
| | 8 | | Past | | Safe Food and Water d eggs used where required | | 0 | 0 | 1 | 4 | _ | UT K | ood a | nd no | Utensils and Equipment onfood-contact surfaces cleanable, proper | ly designed, | 0 | 0 | 1 |
| _ | 9 10 | | | | ice from approved source btained for specialized processing met | hods | 8 | 0 | 2 | | | ~ 0 | | | and used | | - | \rightarrow | |
| | | OUT | _ | | Food Temperature Contro | | | | _ | 4 | _ | _ | | | ng facilities, installed, maintained, used, te ntact surfaces clean | st strips | 0 | 0 | 1 |
| 3 | 11 | 0 | cont | | oling methods used; adequate equipme | nt for temperature | 0 | 0 | 2 | 4 | _ | UT | omoo | G-COI | Physical Facilities | | 0 | | 1 |
| | 2 | | | | properly cooked for hot holding thawing methods used | | 8 | 0 | 1 | 4 | _ | - | | | 5 water available; adequate pressure stalled; proper backflow devices | | 8 | 응 | 2 |
| | 4 | 0 | <u> </u> | | eters provided and accurate | | ō | ō | 1 | 5 | 0 0 | o s | iewag | e and | i waste water properly disposed | | 0 | 0 | 2 |
| | 5 | OUT | Ease | 10000 | Food identification erly labeled; original container; required | i monorie available | 0 | 0 | 1 | 5 | _ | _ | | | es: properly constructed, supplied, cleane use properly disposed; facilities maintaine | | 0 0 | 0 | 1 |
| - | | OUT | - 000 | , prop | Prevention of Feed Contamin | | Ľ | - | - | 5 | _ | _ | | | ilities installed, maintained, and clean | | | 8 | 1 |
| 3 | 6 | 0 | Inse | cts, ro | dents, and animals not present | | 0 | 0 | 2 | 5 | | - | | | entilation and lighting; designated areas us | sed | 0 | 0 | 1 |
| 3 | 7 | 0 | Cont | amina | ition prevented during food preparation, | , storage & display | 0 | 0 | 1 | | 0 | UT | | | Administrative Items | | | | |
| - | 8 | 0 | Pers | onal o | leanliness | | 0 | 0 | 1 | 5 | | | | | nit posted | | 0 | | 0 |
| | 9 0 | | | | ths; properly used and stored ruits and vegetables | | 8 | 0 | 1 | 5 | 6 (| 0 [N | lost re | cent | Compliance Status | | O YES | | - |
| | | OUT | | | Proper Use of Utensils | | | | | | | | | | Non-Smokers Protection | | | - | |
| 4 | 1 | 0 | Uten | sils, e | nsils; properly stored quipment and linens; properly stored, d | | 0 | 0 | 1 | 5 | 8 | T | obacc | o pro | with TN Non-Smoker Protection Act oducts offered for sale | | <u>Ж</u> О | 0 | 0 |
| | 3 4 | | | | /single-service articles; properly stored ed properly | , used | | 8 | | 5 | 9] | lf | tobac | co pr | roducts are sold, NSPA survey completed | | 0 | 0 | |
| | | | | | | | | | | | | | | | Repeated violation of an identical risk factor | | | | |
| man | ner a | nd po | | most | recent inspection report in a conspicuous n | nanner. You have the rig | the to r | eques | | | | | | | ie. You are required to post the food service e filing a written request with the Commissioner | | | | |
| repo | et. T | 5 | sectio | > | 14-703, 58-14-706, 68-14-708, 68-14-709, 68-1 | | | | | | -1 | | а | | A | | | _ · | |
| _ | | | 1 | - | +1 | 09/3 | 30/2 | _ | | | (| JR. | H | - | I | C |)9/3 | 0/2 | _ |
| Sig | natu | re of | Pers | on In | Charge | | | [| Date | Sig | natu | ire of | Envir | onme | ental Health Specialist | | | | Date |

Signature of Person In Charge

SCORE

Date

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

Free food safety training classes are available each month at the county health department. Please call () 4232098110 to sign-up for a class. PH-2267 (Rev. 6-15)

RDA 629

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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Establishment Name: Penn Station Subs Establishment Number #: 605223979

| 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) | | | | | | | | |
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| Equipment Temperature | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|
| Decoription | Temperature (Fahrenheit) | | | | | | | |
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| ecoription | State of Food | Temperature (Fahrenheit |
|------------|---------------|--------------------------|
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| otal # 4 epeated # 0 3: 5: 9: | Observed Violations | | |
|---|---------------------|--|--|
| epeated # 0 3: 5: 9: | Total # 1 | | |
| 3: 5: 9: | Repeated # 0 | | |
| 5: 9: | | | |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Penn Station Subs Establishment Number : 605223979

| Comments/Other Observations | |
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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: Penn Station Subs

Establishment Number : 605223979

Comments/Other Observations (cont'd)

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

Establishment Information

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| Sources | | |
|--------------|---------|--|
| Source Type: | Source: | |

Additional Comments