# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

10		H.	A.C.																
Esta	iblist	hmen	t Nar		Firehouse S	ubs					_	Tvr	ve of F	Establi	shme	O Fermer's Market Food Unit ant Ø Permanent O Mobile	}}		
Add	ress				1820 Gunba	rrel Rd., STE 7	00					. "	AC 101 L	- 540 - 54	ann re	O Temporary O Seasonal			
City					Chattanooga	ι	Time in	03	3:1	QF	PM	A	4/P	и ті	me ou	ut 03:50: PM AM / PM			
		n Da	rte		04/12/202	22 Establishment #					Emba								
Purp	ose	of In	spec	tion	Routine	O Follow-up	O Complaint			O Pr	elimin	ary		c	Cor	nsuitation/Other			
Risk	Cat	egon	y		01	302	<b>O</b> 3			<b>O</b> 4				Fo	low-	up Required O Yes 😰 No Number	of Seats	45	5
		R	isk													d to the Centers for Disease Control and Pre control measures to prevent illness or injur	vention		
					one management			_					_		-	INTERVENTIONS			
				algest					ite ma							each item as applicable. Deduct points for category or su		9	
IN	•in c	ompili	ance		OUT=not in compliant Comp	iliance Status	NO=not observe	COS	R		)\$=co	mecte	d on-s	ite dun	ng ins	spection R*repeat (violation of the same code p Compliance Status		R	WT
	IN	ουτ	NA	NO		Supervision						IN	оυт	NA	NO	Cooking and Reheating of Time/Temperatur Control For Safety (TCS) Foods	· 🗌		
1	鬣	0			Person in charge pr performs duties	esent, demonstrates kn	owledge, and	0	0	5		0		×		Proper cooking time and temperatures	0	8	5
2		OUT	NA	NO	Management and fo	Employee Health od employee awarenes	s; reporting	0	0		17	0	0	0		Proper reheating procedures for hot holding Ceoling and Holding, Date Marking, and Time		0	-
	黨	0			Proper use of restri	ction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Control			
4	IN 嵐		NA	NO		d Hygionic Practicos 1g. drinking, or tobacco (		0		_		0	00	0		Proper cooling time and temperature Proper hot holding temperatures		00	
5	24	0		0	No discharge from e	eyes, nose, and mouth		ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures	0	0	5
	N.		NUA		Hands clean and pr			0	0		21	0	0	0		Proper date marking and disposition Time as a public health control: procedures and recor			
	鬣	0	0	0	No bare hand conta alternate procedure	ct with ready-to-eat food s followed	ts or approved	0	0	5	-	IN	OUT		-			1.	
8	N IN	0 001	NA	NO	Handwashing sinks	properly supplied and a Approved Source	ccessible	0	0	2	23	0	0	黛		Consumer advisory provided for raw and undercooke food	1 0	0	4
	黨		0	~	Food obtained from Food received at pr			0				IN	OUT		NO	Highly Susceptible Populations		—	
11					Food in good condit	ion, safe, and unadulter		ŏ	0	5	24	0	0	×		Pasteurized foods used; prohibited foods not offered	0	0	5
	٥	0	X	0	destruction	vailable: shell stock tags		0	0			IN	OUT		NO	Chemicals			
13	0	0		NO	Food separated and	tion from Contamina i protected	tion	0	0	4	25	0 度	00	X		Food additives: approved and properly used Toxic substances properly identified, stored, used		0	5
14	×	0		1		es: cleaned and sanitize f unsafe food, returned		0	0	5		IN	OUT	_	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and	—	-	
15	黛	0			served	ir unsale lood, returned	iood not re-	0	0	2	27	0	0	黨		HACCP plan	0	0	5
				Goo	d Retail Practice	are preventive m	easures to co	ntro	the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical objects into food			
								600	D R	ar/A	L PR	ACT	ICE	3					
				00	Fenct in compliance Compl	liance Status	COS=corre	cted or COS			inspe	ction				R-repeat (violation of the same code provisi Compliance Status		R	WT
2	_	OUT	Past	euríze	Safe F d eggs used where	ood and Water		0	0	1		_	UT	ood a	ad no	Utensils and Equipment profood-contact surfaces cleanable, properly designed,			
2	9	0	Wate	er and	ice from approved s			0	0	2	4	5 7				and used	•	<u> </u>	1
3	-	OUT	van	ince c		an processing methods				-	4	-	_			g facilities, installed, maintained, used, test strips	0	0	1
3	1	0	Prop cont		oling methods used;	adequate equipment for	temperature	0	0	2	4	_	ii N UT	lonfoo	d-con	ntact surfaces clean Physical Facilities	0	0	1
3	_				properly cooked for			0		1		_				swater available; adequate pressure		0	
3	_		<u> </u>		thawing methods us iters provided and a			0	0	1	5	_			- T	stalled; proper backflow devices i waste water properly disposed	0	0	2
	_	OUT	_			Identification						_				es: properly constructed, supplied, cleaned	0		
3		0 OUT	Food	1 prop		container; required reco Food Contamination		0	0	1			-	-		use properly disposed; facilities maintained ilities installed, maintained, and clean	0	0	1
3	_	-	Inse	cts, ro	dents, and animals r			0	0	2	-	_	-			entilation and lighting; designated areas used	0	-	1
3	7	0	Cont	amina	ition prevented durin	g food preparation, stor	age & display	0	0	1		0	UT			Administrative items			
3	-	0	Pers	onal c	leanliness			0	0	1	5	5	0 0	urrent	perm	mit posted		0	6
3	_				ths; properly used a ruits and vegetables	nd stored		00	0	1	5	6	O N	lost re	cent	Compliance Status	O YES		WT
		OUT			Proper	Use of Utensils				_						Non-Smokers Protection Act		<u> </u>	
4	_		_		nsils; properly stored quipment and linens	; properly stored, dried,	handled	0	00	1	5	8				with TN Non-Smoker Protection Act oducts offered for sale	8	8	0
4	3 4				/single-service articl ed properly	es; properly stored, use	d		8	1	5	9	lf	tobac	co pr	roducts are sold, NSPA survey completed	0	0	
Failu	re to	corre	ot an	y viola	tions of risk factor ite	ms within ten (10) days ma	y result in suspen	sion o	fyour	r food	servic	e est	blishr	nent p	ermit.	Repeated violation of an identical risk factor may result in	evocation	of yo	ur food
man	ner a	nd po	st the	most	recent inspection repo	rt in a conspicuous manne	r. You have the rig	ht to n	eques							e. You are required to post the food service establishment ( filing a written request with the Commissioner within ten (10)			
r epo	rt. T.	CA 1	Petto	ns 68-		1-708, 68-14-709, 68-14-711,						_	$\checkmark$	~1	>				
		$\geq$		$\mathcal{L}$	////	-	04/1	12/2	-	_	-	/			(	đ	04/:	12/2	2022
Sigr	natur	re of	Pers	ion In	Charge		-			Date						ental Health Specialist			Date
Deco	067	(B	e			,										ealth/article/eh-foodservice **** unty health department.			D4 690

PH-2267 (Rev. 6-15)	Free food safety training cla	sses are available each mor	nth at the county health department.	RDA 60
rrs201 (new. 0-10)	Please call (	) 4232098110	to sign-up for a class.	hord

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



#### Establishment Information

Establishment Name: Firehouse Subs Establishment Number #: 605205391

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)					
Sani bucket Three compartment sink	QA QA	200 200						

Equipment l'emperature							
Description	Temperature (Fahrenheit)						

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Sliced tomatoes-prep top	Cold Holding	41
Tuna salad-prep top	Cold Holding	41
Sliced tomatoes-3 dr reach in 1	Cold Holding	41
Deli turkey-prep top	Cold Holding	41
Deli ham-prep top	Cold Holding	41
Chicken-prep top	Thawing	26
Deli ham-3 dr #2	Cold Holding	40
Meatballs	Hot Holding	167
Chicken soup	Hot Holding	156
Deli roast beef-3 dr tall	Cold Holding	39
Slice tomatoes-3 dr tall	Cold Holding	38

#### Observed Violations

Total # 3

Repeated # ()

45: Gaskets are in poor repair at three door unit in back. Repair or replace gaskets.

45: Discontinue using cardboard as liner in three door reach in unit.

47: Liquid on bottom of three door refrigeration unit. Clean unit to prevent contamination.

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### Establishment Information

Establishment Name: Firehouse Subs

Establishment Number : 605205391

### Comments/Other Observations

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

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: (IN) Observed proper handwashing by employees.

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: (IN) 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: No raw animal product in facility
- 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: (IN) Hot holding temperatures are held at 135F or above
- 20: (IN) Cold holding temperatures are held at 41F or below
- 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: Firehouse Subs

Establishment Number : 605205391

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Firehouse Subs Establishment Number # 605205391

Sources			
Source Type:	Food	Source:	Chaney
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

# Additional Comments