# **TENNESSEE DEPARTMENT OF HEALTH**

AND A					FOOD SER	VICE ESTA	BL	ISH	M	ENT		NSI	PEC	TI	ON REPORT	SCO	RE			
N Eets	Will this	H	t Nar		Sub Sta	ition II										O Farmer's Market Food Unit	9	C		
	ress			~	384 S. L	_owry St.				_		Ту;	xe of I	Establi	shme	O Temporary O Seasonal				
City					Smyrna	5	Time in	02	2:12	2 F	PM	A	M/P	M Ti	me o	ut 02:46; PM AM / PM				
Insp	ectic	n Da	ite		03/21/	2024 Establishmen														
Purp	oose	of In	spect		Routine	O Follow-up	O Complaint			-	elimin		-		Cor	nsuitation/Other				
Risk	Cat	egon	, ,		01	30/2	03		,	04				Fc	low-	up Required O Yes 氨 No	Number of Se	nats	42	
			isk i			d preparation practice	es and employee							repo	ortec	to the Centers for Disease Contr	ol and Prevent		_	
				<b>as</b> c	ontributing	*								_		control measures to prevent illne INTERVENTIONS	ss or injury.			
		(14	urik de	elgne	ted complianc											ach item as applicable. Deduct points for c	ategory or subcate	pery.)		
IN	⊧in c	ompili	ance		OUT=not in c	ompliance NA=not applicab Compliance Status	le NO=not observe		R		)S=cor	recte	d on-s	ite duri	ng ins	pection R=repeat (violation of the Compliance Status			R	WT
	IN	OUT	NA	NO		Supervision						IN	OUT	NA	NO	Cooking and Reheating of Time/I	'emperature			
1	鬣	0			Person in ch performs du	narge present, demonstrate	s knowledge, and	0	0	5	16	0	0	XX	0	Control For Safety (TCS) F Proper cooking time and temperatures		0	o	
-			NA	NO		Employee Health		~				ŏ	ŏ			Proper reheating procedures for hot hold		0 0	ŏ	5
	区区	0				nt and food employee aware of restriction and exclusion	mess, reporting	6	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking a Public Health Contro				
	IN		NA			Good Hygienic Pract						ĸ	0			Proper cooling time and temperature		0	0	_
4	邕	8				g, tasting, drinking, or toba e from eyes, nose, and mo		8	8	5		X	0	0	0	Proper hot holding temperatures Proper cold holding temperatures		00		
	IN	OUT	NA	NO	Pr	eventing Contamination					21	20	Ō		0	Proper date marking and disposition		0	Ō	ə
_	直区	0	0	0		n and properly washed nd contact with ready-to-eat	foods or approved	6	0	5	22	X	0	0		Time as a public health control: procedur	es and records	0	0	
	200 200		-	-		ocedures followed og sinks properly supplied a	nd accessible		6	2		IN	OUT	_	NO	Consumer Advisory Consumer advisory provided for raw and	undercooked			
	IN	OUT	NA	NO		Approved Source					23	O IN	O	NA	110	food Highly Susceptible Popula		0	0	4
10		0	0	20	Food receiv	ed from approved source ed at proper temperature		0	0		24		001	22	NO	Pasteurized foods used; prohibited foods		0	0	6
	8	_	×	0		d condition, safe, and unad cords available: shell stock		0	_	5	-	IN	OUT		NO		not offered	-	-	~
	O	O OUT	ANA NA	-	destruction	Protection from Contam	Ination	0	0	_	25	0		X		Chemicals Food additives: approved and properly us	sed	0	0	
13	X	0	0		Food separa	ated and protected			2	_	26	鬣	0			Toxic substances properly identified, stor	red, used	ŏ	8	5
	黨員	0	0			ct surfaces: cleaned and sa osition of unsafe food, return		0	0	5 2	27	IN O	OUT O	NA	NO	Confermance with Approved P Compliance with variance, specialized pr HACCP plan		0	0	5
				Gov	d Retail P	ractices are prevently	e measures to co	atro	l the	intr	oduc	tion	de	atho		, chemicals, and physical objects	into foods			
					- Hortani Pi	actives are preventiv			D R				_		yena	, chemicals, and physical objects	Tinto Toous.			
				00	T=not in comp		COS=corre	cted o	n-site	during				0		R-repeat (violation of the sam				
		OUT				Compliance Status Safe Food and Water		cos	R	WT		0	UT			Compliance Status Utensils and Equipment		cos	R	WT
2	_					where required proved source		8	8	1	4	5				nfood-contact surfaces cleanable, propert and used	ly designed,	0	0	1
3	0	0	Varia		obtained for s	pecialized processing meth		ŏ	ŏ	1	4	5	- 1			g facilities, installed, maintained, used, ter	st strips	0	0	1
	_	OUT	_	er co		od Temperature Control s used; adequate equipmen		0		-	4	, ,	-			tact surfaces clean		-	0	1
3		0	contr	lo				0	0	2			UT			Physical Facilities				
3	_				thawing met	ked for hot holding hods used		8	8	1	4	_				I water available; adequate pressure stalled; proper backflow devices		8	윙	2
3	_		Then	morm	eters provide	d and accurate		0	0	1	5	_	0 8	šewag	e and	waste water properly disposed			0	2
3	_	OUT	Econ	loon	why labeled	Food Identification original container, required	moords available	0	0	1	5	_	_			es: properly constructed, supplied, cleaned use properly disposed; facilities maintaine		0	0	1
-	-	OUT		, prop		tion of Feed Contamina		ľ		-	5		-	-		lities installed, maintained, and clean	<u> </u>	-	0	1
3	_	-	_	ts, ro		nimals not present		0	0	2	5		_			ntilation and lighting; designated areas us	ed	0	0	1
3	7	0	Cont	amin	ation prevent	ed during food preparation,	storage & display	0	0	1	F	0	υт			Administrative Items		_	_	
3	8	0	Pers	onal o	leanliness			0	0	1	5	5	0	Jurrent	pern	nit posted		0	0	0
3	_				ths; properly ruits and veg	used and stored setables		0	8	1	5	\$	0 1	fost re	cent	inspection posted Compliance Status		O YES		WT
		OUT			F	Proper Use of Utensils			· · ·			T		_		Non-Smokers Protection	lot		-	
4	_	0	Uten	sils, e		d linens; properly stored, dr		8	8		5	8				with TN Non-Smoker Protection Act ducts offered for sale		8	0	0
- 4	-	0	Singl	e-use		ce articles; properly stored,		Ō		1	5	<b>F</b>				oducts are sold, NSPA survey completed		õ		-
			-			actor items within ten (10) day	rs may result in susper				servic	0 015	blish	ment ov	ermit	Repeated violation of an identical risk factor	may result in revoca	tion (	af vor	r food
serv	ce et	tablis	shmen	t perm	nit. Items ident	tified as constituting imminent	health hazards shall b	e corre	cted in	mmed	iately	or op	eratio	ns shall	ceas	e. You are required to post the food service e lling a written request with the Commissioner	stablishment permit	in a c	onspi	icuous
repo						06. 68-14-708. 68-14-709. 68-14						-	-							

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AN THE PROPERTY

03/21/2024 Date Signature of Environmen 03/21/2024

Date

Signature of Person	In Charge

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

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Free food safety training classes are available each month at the county health department. Please call ( ) 6158987889 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

Establishment Name: Sub Station II Establishment Number # 605250697

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 wenty-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.	
Sarage 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)								
3 comp sink	CI	100									

Equipment Temperature	Derature								
Description	Temperature (Fahrenheit)								
Walk in cooler	38								

Food Temperature					
Description	State of Food	Temperature (Fahrenheit)			
Sliced tomatoes tphc 1 hr	Cold Holding	50			
Meatballs steam well	Hot Holding	150			
Ham ric	Cold Holding	42			
Salami ric	Cold Holding	42			
Sliced tomatoes wic prepped 30 min ago	Cooling	49			
Sliced tomatoes wic	Cold Holding	39			
Sliced ham wic	Cold Holding	38			

Observed Violations
Total #
Repeated # ()

53: Floors in poor repair in kitchan and walk in cooler



#### Establishment Information

Establishment Name: Sub Station II

Establishment Number : 605250697

#### Comments/Other Observations

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

2: Management awareness

- 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: Excellent hand washing

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: See food 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 products
- 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: Foods cooling were all in proper range. Discussed cooling
- 19: Hot holding foods were all within proper range
- 20: Cold holding foods were all within proper temp range
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: Written procedures are available. Food items on time properly marked
- 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: Sub Station II

Establishment Number : 605250697

Comments/Other Observations (cont'd)

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

### Establishment Information

Establishment Name: Sub Station II

Establishment Number #: 605250697

Sources				
Source Type:	Food	Source:	Us foods	
Source Type:	Water	Source:	Smyrna city	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

### Additional Comments