

Address

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Firehouse Subs Permanent O Mobile Establishment Name Type of Establishment 1820 Gunbarrel Rd., STE 700 O Temporary O Seasonal

Chattanooga Time in 11:15 AM AM / PM Time out 11:35; AM

05/11/2021 Establishment # 605205391 Embargoed 0 Inspection Date

₩ Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 45 Risk Category **O**3 Follow-up Required O Yes 疑 No

12	<b>4</b> ≃in c	compli	ance		OUT=not in compliance NA=not applicable NO=not observ	ed		C	05=0
					Compliance Status	COS	R	WT	
	IN	OUT	NA	NO	Supervision				
1	邕	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	-
	IN	OUT	NA	NO	Employee Health				l [
2	$\square X$	0			Management and food employee awareness; reporting	0	0		ΙГ
3	寒	0			Proper use of restriction and exclusion	0	0	5	П
	IN	OUT	NA	NO	Good Hygienic Practices				1 13
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	1
5	*	0		0	No discharge from eyes, nose, and mouth	0	0	°	1 [7
	IN	OUT	NA	NO	Preventing Contamination by Hands			[?	
6	黨	0		0	Hands clean and properly washed	0	0		ΙĮ
7	氮	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5	H
8	×	0			Handwashing sinks properly supplied and accessible	0	0	2	1 7
	IN	OUT	NA	NO	Approved Source				Ľ
9	黨	0			Food obtained from approved source O		0		П
10	0	0	0	×	Food received at proper temperature	0	0		1 12
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	ľ
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0		
	IN	OUT	NA	NO	Protection from Contamination				
13	×	0	0		Food separated and protected	0	0	4	
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5	
15	×	0			Proper disposition of unsafe food, returned food not re-	0	0	2	[

Compliance Status						000	ĸ	** 1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	3%	Proper reheating procedures for hot holding	0	0	٠
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	0	0	0		Proper cold holding temperatures	0	0	5
21	*	0	0	0	Proper date marking and disposition	00		*
22	0	0	×	0	Time as a public health control: procedures and records	0	0	
	IN	OUT	NA	NO	Consumer Advisory			
23	0	0	×		Consumer advisory provided for raw and undercooked food	0	0	4
	IN	OUT	NA	NO	Highly Susceptible Populations			
24	0	0	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	黨	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

## s to control the introduction of pathogens, chemicals, and physical objects into foods.

		OUT=not in compliance COS=con	ected or	3-6(50	άı
		Compliance Status	COS		_
	OUT	Safe Food and Water			
28	0	Pasteurized eggs used where required	0	0	г
29	0	Water and ice from approved source	0	0	
30	0	Variance obtained for specialized processing methods	0	0	-
	OUT	Food Temperature Control			
31	0	Proper cooling methods used; adequate equipment for temperature control	0	0	1
32	0	Plant food properly cooked for hot holding	0	0	Г
33	0	Approved thawing methods used	0	0	
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	,
	OUT	Prevention of Food Contamination			
36	0	Insects, rodents, and animals not present	0	0	:
37	326	Contamination prevented during food preparation, storage & display	0	0	,
38	0	Personal cleanliness	0	0	г
39	0	Wiping cloths; properly used and stored	0	0	г
40	0	Washing fruits and vegetables	0	0	г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Ē
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	
43	0	Single-use/single-service articles; properly stored, used	0	0	
44	10	Gloves used properly	- 0	0	

pecti		R-repeat (violation of the same code provision)  Compliance Status	cos	R	W
	OUT	Utensils and Equipment			
45	0	Food and norifood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	1
47	0	Nonfood-contact surfaces clean	0	0	1
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	-
49	0	Plumbing installed; proper backflow devices	0	0	- :
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	2%	Physical facilities installed, maintained, and clean	0	0	-
54	羅	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	V
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	100	0	
58		Tobacco products offered for sale	0	0	١ (
59		If tobacco products are sold, NSPA survey completed	0	0	

er. You have the right to request a hi ten (10) days of the date of the 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

05/11/2021

05/11/2021

Date Signature of Environmental Health Specialist

Date

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

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



Establishment Information								
Establishment Name: Firehouse Subs								
Establishment Number #: [605205391								
NSDA Survey. To be completed if	#E7 := #M=#							
NSPA Survey – To be completed if:  Age-restricted venue does not affirmatively rest		r facilities at all times to	namons 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	d or open.	Yes				
Smoke from non-enclosed areas is infiltrating in	ito areas where smoking is	prohibited.						
Smoking observed where smoking is prohibited	by the Act.							
Warewashing Info			1					
Machine Name	Sanitizer Type	PPM	Temperature ( Fa	ahrenheit)				
Equipment Temperature								
Description			Temperature ( Fa	hrenhelf)				
			10					
			_					
Food Temperature								
Description		State of Food	Temperature (Fa	ihrenheit)				
I		I	1					

Observed Violations
Total # 3 Repeated # 0
Repeated # 0
37:
37: 53:
54:
1110 as many at the and of this document for any violations that could not be disclosured in this space.

<sup>&#</sup>x27;See page at the end of this document for any violations that could not be displayed in this space.

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



## Establishment Information

Establishment Name: Firehouse Subs Establishment Number: 605205391

## Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- 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 drinking from an approved container which is stored properly.
- 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: (NA) No raw animal foods served.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 119:
- 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: 5:

58:

## Additional Comments

See last page for additional comments.

<sup>\*\*\*</sup>See page at the end of this document for any violations that could not be displayed in this space.

<sup>\*\*\*</sup>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: Firehouse Subs	
Establishment Number: 605205391	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
see last page for additional comments.	

Establishment Information								
Establishment Name: Firehouse Subs								
Establishment Number #. 605205391								
Sources								
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Source Type:	Source:							
Additional Comments								