



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

99

Establishment Name Subway Type of Establishment ☒ Permanent ☐ Mobile
Address 637 S. Mt. Juliet Rd.
City Mount Juliet Time in 12:05 PM AM / PM Time out 12:20 PM AM / PM
Inspection Date 03/18/2024 Establishment # 605318264 Embargoed 0
Purpose of Inspection ☐ Routine ☒ Follow-up ☐ Complaint ☐ Preliminary ☐ Consultation/Other
Risk Category ☒ 1 ☐ 2 ☐ 3 ☐ 4 Follow-up Required ☐ Yes ☒ No Number of Seats 56

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public Health interventions are control measures to prevent illness or injury.

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable. Deduct points for category or subcategory.)

IN=In compliance					OUT=not in compliance					NA=not applicable					NO=not observed					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)				
Compliance Status															COS			R			WT								
IN	OUT	NA	NO												COS	R	WT												
Supervision																													
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person in charge present, demonstrates knowledge, and performs duties.											<input type="radio"/>	<input type="radio"/>	5											
Employee Health																													
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management and food employee awareness, reporting											<input type="radio"/>	<input type="radio"/>	5											
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion											<input type="radio"/>	<input type="radio"/>												
Good Hygienic Practices																													
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco use											<input type="radio"/>	<input type="radio"/>	5											
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth											<input type="radio"/>	<input type="radio"/>												
Preventing Contamination by Hands																													
6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed											<input type="radio"/>	<input type="radio"/>	5											
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with ready-to-eat foods or approved alternate procedures followed											<input type="radio"/>	<input type="radio"/>												
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Handwashing sinks properly supplied and accessible											<input type="radio"/>	<input type="radio"/>	2											
Approved Source																													
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source											<input type="radio"/>	<input type="radio"/>												
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature											<input type="radio"/>	<input type="radio"/>	5											
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated											<input type="radio"/>	<input type="radio"/>												
12	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: shell stock tags, parasite destruction											<input type="radio"/>	<input type="radio"/>												
Protection from Contamination																													
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected											<input type="radio"/>	<input type="radio"/>	4											
14	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned and sanitized											<input type="radio"/>	<input type="radio"/>	5											
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of unsafe food, returned food not re-served											<input type="radio"/>	<input type="radio"/>	2											

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

Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

OUT=not in compliance					COS=corrected on-site during inspection					R=repeat (violation of the same code provision)													
Compliance Status															COS			R			WT		
OUT															COS	R	WT						
Safe Food and Water																							
28	<input checked="" type="radio"/>	Pasteurized eggs used where required														<input type="radio"/>	<input type="radio"/>	1					
29	<input checked="" type="radio"/>	Water and ice from approved source														<input type="radio"/>	<input type="radio"/>	2					
30	<input checked="" type="radio"/>	Variance obtained for specialized processing methods														<input type="radio"/>	<input type="radio"/>	1					
Food Temperature Control																							
31	<input checked="" type="radio"/>	Proper cooling methods used; adequate equipment for temperature control														<input type="radio"/>	<input type="radio"/>	2					
32	<input checked="" type="radio"/>	Plant food properly cooked for hot holding														<input type="radio"/>	<input type="radio"/>	1					
33	<input checked="" type="radio"/>	Approved thawing methods used														<input type="radio"/>	<input type="radio"/>	1					
34	<input checked="" type="radio"/>	Thermometers provided and accurate														<input type="radio"/>	<input type="radio"/>	1					
Food Identification																							
35	<input checked="" type="radio"/>	Food properly labeled; original container; required records available														<input type="radio"/>	<input type="radio"/>	1					
Prevention of Food Contamination																							
36	<input checked="" type="radio"/>	Insects, rodents, and animals not present														<input type="radio"/>	<input type="radio"/>	2					
37	<input checked="" type="radio"/>	Contamination prevented during food preparation, storage & display														<input type="radio"/>	<input type="radio"/>	1					
38	<input checked="" type="radio"/>	Personal cleanliness														<input type="radio"/>	<input type="radio"/>	1					
39	<input checked="" type="radio"/>	Wiping cloths: properly used and stored														<input type="radio"/>	<input type="radio"/>	1					
40	<input checked="" type="radio"/>	Washing fruits and vegetables														<input type="radio"/>	<input type="radio"/>	1					
Proper Use of Utensils																							
41	<input checked="" type="radio"/>	In-use utensils; properly stored														<input type="radio"/>	<input type="radio"/>	1					
42	<input checked="" type="radio"/>	Utensils, equipment and linens; properly stored, dried, handled														<input type="radio"/>	<input type="radio"/>	1					
43	<input checked="" type="radio"/>	Single-use/single-service articles; properly stored, used														<input type="radio"/>	<input type="radio"/>	1					
44	<input checked="" type="radio"/>	Gloves used properly														<input type="radio"/>	<input type="radio"/>	1					

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Compliance Status															COS			R			WT		
OUT															COS	R	WT						
Utensils and Equipment																							
45	<input checked="" type="radio"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used														<input type="radio"/>	<input type="radio"/>	1					
46	<input checked="" type="radio"/>	Warewashing facilities; installed, maintained, used, test strips														<input type="radio"/>	<input type="radio"/>	1					
47	<input checked="" type="radio"/>	Nonfood-contact surfaces clean														<input type="radio"/>	<input type="radio"/>	1					
Physical Facilities																							
48	<input checked="" type="radio"/>	Hot and cold water available; adequate pressure														<input type="radio"/>	<input type="radio"/>	2					
49	<input checked="" type="radio"/>	Plumbing installed; proper backflow devices														<input type="radio"/>	<input type="radio"/>	2					
50	<input checked="" type="radio"/>	Sewage and waste water properly disposed														<input type="radio"/>	<input type="radio"/>	2					
51	<input checked="" type="radio"/>	Toilet facilities: properly constructed, supplied, cleaned														<input type="radio"/>	<input type="radio"/>	1					
52	<input checked="" type="radio"/>	Garbage/refuse properly disposed; facilities maintained														<input type="radio"/>	<input type="radio"/>	1					
53	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean														<input type="radio"/>	<input type="radio"/>	1					
54	<input checked="" type="radio"/>	Adequate ventilation and lighting; designated areas used														<input type="radio"/>	<input type="radio"/>	1					
Administrative Items																							
55	<input checked="" type="radio"/>	Current permit posted														<input type="radio"/>	<input type="radio"/>	0					
56	<input checked="" type="radio"/>	Most recent inspection posted														<input type="radio"/>	<input type="radio"/>						
Compliance Status																							
															YES	NO	WT						
Non-Smokers Protection Act																							
57	<input checked="" type="radio"/>	Compliance with TN Non-Smoker Protection Act														<input checked="" type="radio"/>	<input type="radio"/>	0					
58	<input checked="" type="radio"/>	Tobacco products offered for sale														<input type="radio"/>	<input type="radio"/>						
59	<input checked="" type="radio"/>	If tobacco products are sold, NSPA survey completed														<input type="radio"/>	<input type="radio"/>						

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-329.

Signature of Person In Charge 3 062 Date 03/18/2024 Signature of Environmental Health Specialist [Signature] Date 03/18/2024

**** 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:	Subway
Establishment Number #:	605318264

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)

Equipment Temperature	
Description	Temperature (Fahrenheit)
Meat line cooler	40
Veggie line cooler	34

Food Temperature		
Description	State of Food	Temperature (Fahrenheit)
Veggie patty	Cold Holding	39
Sliced tomatoes	Cold Holding	40
Sliced chicken	Cold Holding	41

Observed Violations

Total # 1

Repeated # 0

45:

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway

Establishment Number : 605318264

Comments/Other Observations

1:
2:
3:
4:
5:
6:
7:
8:
9:
10:
11:
12:
13:
14:
15:
16:
17:
18:
19:
20: Item corrected see food temps
21:
22:
23:
24:
25:
26:
27:
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.

***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: Subway

Establishment Number : 605318264

Comments/Other Observations (cont'd)**Additional Comments (cont'd)*****See last page for additional comments.***

Establishment Information

Establishment Name: Subway

Establishment Number #: 605318264

Sources

Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:
Source Type:	Source:

Additional Comments

See routine inspection for comments