



TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

95

Establishment Name Subway #32212 Type of Establishment ☒ Farmer's Market Food Unit ☐ Permanent ☐ Mobile
Address 9413 Apison Pike, STE 114 ☐ Temporary ☐ Seasonal
City Ooltewah Time in 01:10 PM AM / PM Time out 01:40 PM AM / PM
Inspection Date 01/02/2024 Establishment # 605174963 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 42

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

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

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Establishment Information

Establishment Name: Subway #32212

Establishment Number #: 605174963

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)
Triple sink	QA	500	

Equipment Temperature

Description	Temperature (Fahrenheit)
Walk in cooler	37
Prep line	41

Food Temperature

Description	State of Food	Temperature (Fahrenheit)
Sliced tomatoes (prep line)	Cold Holding	41
Ham (prep line)	Cold Holding	39
Turkey (prep line)	Cold Holding	41
Turkey (walk in)	Cold Holding	37
Meatballs	Hot Holding	142
Sliced teryaki chicken (walk in)	Cold Holding	37
Veggie patty (walk in)	Cold Holding	37

Observed Violations

Total # 1

Repeated # 0

26: Triple sink QA 500+ ppm. QA used as sanitizer must be between 200-400ppm. Triple sink sanitizer water must be mixed with sink water to lower QA ppm until sink chemical regulator is repaired (inspector demonstrated on site.)

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Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.
- 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 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): good 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: (IN): Food from approved sources.
- 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: (NA): No raw animal products present at facility during time of inspection.
- 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: (NO): no cooling of TCS foods observed.
- 19: (IN): See temperatures.
- 20: (IN): See temperatures.
- 21: (IN) Verified date marking system in place for all ready-to-eat TCS foods that are held longer than 24 hours.
- 22: (NO) Time as a public health control is not being used during the inspection.
- 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.
- 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.

***See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

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Comments/Other Observations (cont'd)**Additional Comments (cont'd)**

See last page for additional comments.

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Sources

Source Type:	Water	Source:	Public
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments

See #26.