

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

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Stablishment Name

Jimmy Johns #3205

Establishment Name

7407 Igou Gap Rd Suite 101

Type of Establishment

7407 Igou Gap Rd Suite 101

O Temporary

O Seasona

Address 7407 Igou Gap Rd Suite 101 O Temporary O Seasonal City Chattanooga Time in 11:20 AM AM / PM Time out 12:00; PM AM / PM

Inspection Date 06/21/2022 Establishment # 605246385 Embargoed 0

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

Risk Category O1 🕱 O3 O4 Follow-up Required 🕱 Yes O No Number of Seats 51

Risk Factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention

n practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention 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 (IM, OUT, MA, MO) for each numbered Item. For Items marked OUT, mark COS or R for each Item as applicable. Deduct points for category or subcategory.

| 10 | ¥=in c | ompli | ance | | OUT=not in compliance NA=not applicable NO=not observ | ed | | 0 | 05= |
|----|--------|-------|------|----|---|-----|---|----|------|
| | | | | | Compliance Status | cos | R | WT |] [|
| | IN | OUT | NA | NO | Supervision | | | | П |
| 1 | 氮 | 0 | | | Person in charge present, demonstrates knowledge, and performs duties | 0 | 0 | 5 | 1 |
| | IN | OUT | NA | NO | Employee Health | | | |] [|
| 2 | D)(| 0 | | | Management and food employee awareness; reporting | 0 | 0 | | Ιſ |
| 3 | × | 0 | | | Proper use of restriction and exclusion | 0 | 0 | 5 | П |
| Ī | IN | OUT | NA | NO | Good Hygienic Practices | | | | 1 1 |
| 4 | X | 0 | | 0 | Proper eating, tasting, drinking, or tobacco use | 0 | 0 | 5 | 11 |
| 5 | * | 0 | | 0 | No discharge from eyes, nose, and mouth | 0 | 0 | ٥ | П |
| | IN | OUT | NA | NO | Preventing Contamination by Hands | | | | 11 |
| 6 | 黨 | 0 | | 0 | Hands clean and properly washed | 0 | 0 | | П |
| 7 | 氮 | 0 | 0 | 0 | No bare hand contact with ready-to-eat foods or approved alternate procedures followed | 0 | 0 | 5 | Н |
| 8 | X | 0 | | | Handwashing sinks properly supplied and accessible | 0 | 0 | 2 | 11 |
| | IN | OUT | NA | NO | Approved Source | | | | П |
| 9 | 嵩 | 0 | | | Food obtained from approved source | 0 | 0 | | П |
| 10 | 0 | 0 | 0 | × | Food received at proper temperature | 0 | 0 | | П |
| 11 | × | 0 | | | Food in good condition, safe, and unadulterated | 0 | 0 | 5 | П |
| 12 | 0 | 0 | × | 0 | Required records available: shell stock tags, parasite destruction | 0 | 0 | | П |
| | IN | OUT | NA | NO | Protection from Contamination | | | | 1 [|
| 13 | 0 | 0 | 1 | | Food separated and protected | 0 | 0 | 4 | 11 |
| 14 | × | 0 | 0 | | Food-contact surfaces: cleaned and sanitized | 0 | 0 | 5 |] [|
| 15 | Ħ | 0 | | | Proper disposition of unsafe food, returned food not re- served | 0 | 0 | 2 | $\ $ |

| | | | | | Compliance Status | COS | R | WT |
|----|-----|-----|----|----|---|-----|---|----|
| | IN | OUT | NA | NO | Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods | | | |
| 16 | | 0 | 黨 | 0 | Proper cooking time and temperatures | 0 | 0 | 5 |
| 17 | 0 | Ö | 3% | 0 | 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 | X | 0 | Proper cooling time and temperature | 0 | 0 | |
| 19 | 0 | 0 | 文 | 0 | Proper hot holding temperatures | 0 | 0 | |
| 20 | 243 | 0 | 0 | | Proper cold holding temperatures | 0 | 0 | 5 |
| 21 | * | 0 | 0 | 0 | Proper date marking and disposition | 0 | 0 | * |
| 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 | M | | Pasteurized foods used; prohibited foods not offered | 0 | 0 | 5 |
| | IN | оит | NA | NO | Chemicals | | | |
| 25 | 0 | 0 | 3% | | Food additives: approved and properly used | 0 | 0 | 5 |
| 26 | 0 | 28 | | | Toxic substances properly identified, stored, used | 0 | 0 | ۰ |
| | IN | OUT | NA | NO | Conformance with Approved Procedures | | | |
| 27 | 0 | 0 | × | | Compliance with variance, specialized process, and HACCP plan | 0 | 0 | 5 |

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

| | | | GOO | | |
|----|-----|--|--------|---|----|
| | | OUT=not in compliance COS=con | | | |
| | | Compliance Status | cos | R | W |
| | OUT | Safe Food and Water | | | |
| 28 | 0 | Pasteurized eggs used where required | 0 | 0 | 1 |
| 29 | 0 | Water and ice from approved source | 0 | 0 | _; |
| 30 | 0 | Variance obtained for specialized processing methods | 0 | 0 | ١. |
| | OUT | Food Temperature Control | | | |
| 31 | 0 | Proper cooling methods used; adequate equipment for temperature control | 0 | 0 | : |
| 32 | 0 | Plant food properly cooked for hot holding | 0 | 0 | Г |
| 33 | 0 | Approved thawing methods used | 0 | 0 | Ι. |
| 34 | 0 | Thermometers provided and accurate | 0 | 0 | Т |
| | OUT | Food Identification | | | |
| 35 | 0 | Food properly labeled; original container; required records available | 0 | 0 | 1 |
| | OUT | Prevention of Food Contamination | | | |
| 36 | 0 | Insects, rodents, and animals not present | 0 | 0 | |
| 37 | 0 | Contamination prevented during food preparation, storage & display | 0 | 0 | 1 |
| 38 | 0 | Personal cleanliness | 0 | 0 | Г |
| 39 | 0 | Wiping cloths; properly used and stored | 0 | 0 | |
| 40 | 0 | Washing fruits and vegetables | 0 | 0 | Г |
| | OUT | Proper Use of Utensils | \top | | |
| 41 | 0 | In-use utensils; properly stored | 0 | 0 | Г |
| 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 | |

| rspect | ion | R-repeat (violation of the same code provision |) | | |
|--------|-----|--|-----|----|----|
| | | Compliance Status | cos | R | WT |
| | OUT | Utensiis and Equipment | | | |
| 45 | 0 | Food and norfood-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 | 2 |
| 49 | 0 | Plumbing installed; proper backflow devices | 0 | 0 | 2 |
| 50 | 0 | Sewage and waste water properly disposed | 0 | 0 | 2 |
| 51 | 0 | Toilet facilities: properly constructed, supplied, cleaned | 0 | 0 | 1 |
| 52 | 0 | Garbage/refuse properly disposed; facilities maintained | 0 | 0 | 1 |
| 53 | 0 | Physical facilities installed, maintained, and clean | 0 | 0 | 1 |
| 54 | 0 | Adequate ventilation and lighting; designated areas used | 0 | 0 | 1 |
| | OUT | Administrative Items | Т | | |
| 55 | 0 | Current permit posted | 0 | 0 | 0 |
| 56 | 0 | Most recent inspection posted | 0 | 0 | |
| \Box | | Compliance Status | YES | NO | WT |
| | | Non-Smokers Protection Act | | | |
| 57 | | Compliance with TN Non-Smoker Protection Act | - X | 0 | |
| 58 | | Tobacco products offered for sale | 0 | 0 | 0 |
| 59 | | If tobacco products are sold, NSPA survey completed | 0 | 0 | |

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, 68-14-706, 68-14-711, 68-14-715, 68-14-716, 4-5-320.

06/21/2022

Signature of Person In Charge

Date Signature of Environmental Health Specialist

06/21/2022

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

PH-2267 (Rev. 6-15)

Free food safety training classes are available each month at the county health department.

Please call () 4232098110 to sign-up for a class.

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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Establishment Name: Jimmy Johns #3205 Establishment Number ≠: |605246385

| 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) | | | |
| Three compartment sink | QA | 200 | | | | |

| Equipment Temperature | | | | |
|-----------------------|--|--------------------------|--|--|
| Description | | Temperature (Fahrenheit) | | |
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| Food Temperature | | |
|-------------------------|---------------|---------------------------|
| Description | State of Food | Temperature (Fahrenheit) |
| Cut tomatoes- prep 1 | Cold Holding | 38 |
| Roast beef- prep 1 | Cold Holding | 40 |
| Turkey- prep 2 | Cold Holding | 38 |
| Cut tomatoes- prep 2 | Cold Holding | 38 |
| Deli turkey-walk in | Cold Holding | 38 |
| Deli roast beef-walk in | Cold Holding | 40 |
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| Observed Violations |
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| Total # 1 |
| Repeated # 0 |
| 26: Two spray bottles observed unlabeled. Person in charge thinks one may be |
| water but isnt sure, and one bottle contains blue liquid which person in charge |
| assumes is sanitizer. Immediately label all containers including toxics so as to |
| prevent contamination. Bottles were placed at three compartment sink as |
| person in charge did not opt to correct immediately. A follow up will be conducted |
| to determine compliance. |
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TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jimmy Johns #3205 Establishment Number: 605246385

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) 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 kitchen
- 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: (NA) No TCS foods reheated for hot holding.
- 18: (N.A.) No cooked food is cooled, prepares no TCS food from ambient temperature ingredients that require cooling, does not receive raw eggs, shellstock, or milk.
- 19: (NA) Establishment does not hot hold TCS foods.
- 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.
- 27: (NA) Establishment is not required to have a variance or HACCP plan, performs no special processes.

57:

58:

Additional Comments

See last page for additional comments.

^{***}See page at the end of this document for any violations that could not be displayed in this space.

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

| Establishment Name: Jimmy Johns #3205 Establishment Number: 605246385 | |
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| Comments/Other Observations (cont'd) | |
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| Additional Comments (cont'd) | |
| See last page for additional comments. | |
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Establishment Information

| | immy Johns #3205 | | |
|------------------------|------------------|---------|-------------------------------|
| stablishment Number #. | 605246385 | | |
| ources | | | |
| Source Type: | Food | Source: | Poss |
| Source Type: | Water | Source: | Water is from approved source |
| ource Type: | | Source: | |
| Source Type: | | Source: | |
| ource Type: | | Source: | |
| Additional Comme | ents | | |
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