TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

and	1.62	Here's	A. C. S.													O Fermer's Merket Food Unit		(>	
Est	ablisi	nee	t Nar		Jimmy Johns #3205						_	Тур	e of i	Establi	shme	Permanant O Mohile	9	し	1	
Add	iress				7407 Igou Gap Rd Suite 101 O Temporary O Seasonal															
City					Chattanooga			02	2:2	0 F	PM	_ AI	M / PI	M Tir	ne ou	л <u>02:30</u> ; <u>РМ</u> ам/рм				
Insp	ectio	n Da	te		06/26/202	23 Establishment #	60524638	5		-	Emba	irgoe	d 0							
Puŋ	pose	of In	spec	tion	ORoutine	鬪 Follow-up	O Complaint			O Pr	elimin	ary		0	Cor	nsuitation/Other				
Risi	c Cat	egon	y		O1	<u>38</u> 2	O 3			O 4				Fo	ilow-	up Required O Yes 賞 No	Number of S	eats	51	
		R	isk													to the Centers for Disease Contr control measures to prevent illne		tion		
						FOODBORN	NE ILLNESS RI	SK F	ACTO	ORS	AND	PU	BLIC	HEA	LTH	INTERVENTIONS				
	in a			elgne					ite ma							ach item as applicable. Deduct points for c				
	Pino	ompili	ance	_		ce NA=not applicable	NO=not observe	cos	R			recie	a on-s	ne dun	ng ins	Compliance Status			R	WT
	-	ουτ	NA	NO		Supervision						IN	оυт	NA	NO	Cooking and Reheating of Time/ Control For Safety (TCS) I				
1	鬣	٥			Person in charge p performs duties	resent, demonstrates k	nowledge, and	0	0	5		0	0	0		Proper cooking time and temperatures		00	0	5
2	N X		NA	NO	Management and f	Employee Health ood employee awarene	ss; reporting	0		-	17	0	0	0		Proper reheating procedures for hot hold Ceeling and Holding, Date Marking		0	0	-
3	×	0				iction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Contro				
4	IN 送	OUT O	NA			ng, drinking, or tobacco		0	0			0	00	0		Proper cooling time and temperature Proper hot holding temperatures		00	읭	
5	24	0		0	No discharge from	eyes, nose, and mouth		ŏ	ŏ	5	20	25	0	0		Proper cold holding temperatures		0	0	5
6	N X	001	NA	NO O	Hands clean and p	ng Contamination by roperly washed	y Hands	0	0	-	21	×	0	0 ※		Proper date marking and disposition Time as a public health control: procedur	and encode	0	0 0	
7	X	0	0	0	No bare hand conta alternate procedure	act with ready-to-eat for as followed	ods or approved	0	0	5	ľ	IN	OUT			Consumer Advisory	es and records	-	~	
8	×		NA	NO		s properly supplied and Approved Source	accessible	0	0	2	23		0	12		Consumer advisory provided for raw and food	undercooked	0	0	4
	黨	0			Food obtained from	approved source			0	-		IN	OUT	NA	NO	Highly Susceptible Popula	tions			
10 11	0 ※	8	0		Food received at p Food in good cond	roper temperature tion, safe, and unadulte	erated	8	00	5	24	0	0	Ж		Pasteurized foods used; prohibited foods	not offered	0	0	5
12	õ	ō	×	0		vailable: shell stock tag		0	ō			IN	OUT	NA	NO	Chemicais				
				NO	Protec	tion from Contamin	ation				25	0		X		Food additives: approved and properly u		00	<u> </u>	5
13 14	泉家	00	0	1	Food separated an Food-contact surfa	d protected ces: cleaned and sanitized ces: cleaned ces: clea	zed		0		26	<u>宗</u> IN	0 OUT	NA	NO	Toxic substances properly identified, stor Conformance with Approved P		0	0	-
	12		-		Proper disposition of served	of unsafe food, returned	d food not re-	0	0	2	27	0	0	×		Compliance with variance, specialized pr HACCP plan	ocess, and	0	0	5
			_																	
	Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																			
				00	T=not in compliance		COS=corre						ICE	3		R-repeat (violation of the sam	e code provision)			
	_	OUT	_	_		liance Status feed and Water			R		E		υT	_	_	Compliance Status Utensils and Equipment		COS	R	WT
2	8	0			ed eggs used where	required		0	0	1	4		n F			nfood-contact surfaces cleanable, proper	ly designed,	0	0	1
_	9 0				tice from approved obtained for specials	source zed processing method	5	0	0	2	4	+	- 1			and used g facilities, installed, maintained, used, te	et etcine	0	0	
	_	OUT	_			mperature Control	or temporature			_	4	-	_			tact surfaces clean	st suibe	0	0	1
3	1	0	cont		oling methods used,	adequate equipment fo	or temperature	0	0	2	F	_	UT	011100	0-001	Physical Facilities		Ū	01	
	2				properly cooked for thawing methods us				0	1	4	_				water available; adequate pressure talled; proper backflow devices		00	8	2
	4	0	<u> </u>		eters provided and a	accurate			õ	1	5	0 0	o s	iewage	and	waste water properly disposed		0	0	2
		OUT	F • •			Identification	and a stable	-			5	_	_			is: properly constructed, supplied, cleaned			0	1
- 1	5	O OUT	F-000	a prop		I container; required rec f Food Contamination		0	0	1	5		-			use properly disposed; facilities maintaine lities installed, maintained, and clean	0	0	0	1
3	6	-	Inse	cts, ro	dents, and animals			0	0	2	5	_	_			ntilation and lighting; designated areas us	Jed	ō	ŏ	1
3	7	0	Cont	tamina	ation prevented duri	ng food preparation, sto	vrace & display	0	0	1		0	UT			Administrative items				
	8	-			leanliness	groot proportional, or	noge a anglog	0	0	1	5		-	Jurrent	perm	nit posted		0	0	
3	9	Ó	Wipi	ng cic	ths; properly used a			0	0	1						inspection posted		0	0	0
4	0	OUT	Was	ihing f	ruits and vegetables Proper	Use of Utensils		0	0	1	H					Compliance Status Non-Smokers Protection	Act	YES	NO	WT
4	1 2				nsils; properly stored		handled		8		5					with TN Non-Smoker Protection Act ducts offered for sale		80	읭	0
4	3	0	Sing	le-use	s/single-service artic	les; properly stored, us		0	0	1	5	9				oducts are sold, NSPA survey completed		ŏ		<u> </u>
	4				ed properly				0	_										
serv	ice e	tablis	hme	nt perm	nit. Items identified as	constituting imminent he	alth hazards shall be	e corre	cted i	mmed	iately	or op	mation	is shall	ceas	Repeated violation of an identical risk factor e. You are required to post the food service e	stablishment permit	in a c	onspi	cuous
repo	n, T,	C.A.	sectio	ens (g	14-702, 66-14-706, 68-1	et in a conspicuous mann 4-708, 68-14-709, 68-14-71	1, 68-14-715, 68-14-7	re to r 16, 4-5	aques 320.	c a the	ning i	egard	ing th	rs repo	it by f	lling a written request with the Commissioner	within ten (10) days	of the	date	OT THIS
	+ 2	Z	J	\leq	mitte		06/2			3			7		7		()6/2	6/2	023
Sig	natu	re of	Pers	son In	Charge				_	Date	Si	natu	re of	Envir	onme	ental Health Specialist			_	Date
						Additional food safet	y information can	be fo	und	on ou	r wet	osite,	http	ditn.g	ov/h	ealth/article/eh-foodservice				
PHK	2267	(Rev.	H+2267 (Rev. 6-15) Free food safety training classes are available each month at the county health department. RDA 629										onth	at the	cou	inty health department.				

ia.	Free food safety training cla	RDA 62		
y	Please call () 4232098110	to sign-up for a class.	hor oz

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

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

Warewashing Info										
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)							
			l							

Equipment Temperature								
Description	Temperature (Fahrenheit)							

Description	State of Food	Temperature (Fahrenheit

Observed Violations	
Total # 1 Repeated # 0	
Repeated # 0	
54:	

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Jimmy Johns #3205 Establishment Number: 605246385

Comments/Other Observations	
0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 0: 1: 2: 3: 4: 5: 6: 7: 8: 9: 5: 6: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 9: 7: 8: 8: 7: 7: 8: 8: 9: 7: 7: 8: 8: 7: 7: 8: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 7: 8: 8: 7: 7: 7: 8: 7: 7: 7: 7: 7: 7: 7: 7: 7: 7	
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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: Jimmy Johns #3205

Establishment Number : 605246385

Comments/Other Observations (cont'd)

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

Establishment Information

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

Sources		
Source Type:	Source:	
Additional Comments		

Additional Comments

#20 corrected.