

Risk Category

## TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Number of Seats 20

COS R WT

0 0

0 0

0 0

0

0

0 0

0 0

COS R

0 0

0 0 0 0

0 0 0 0

0 0

0 0 0 0 1

0 0 1

0 0

1

2

0

5

O Farmer's Market Food Unit Subway Establishment Name Permanent O Mobile Type of Establishment 3641 Brainerd Road, Suite A O Temporary O Seasonal Address Chattanooga Time in 11:22; AM AM / PM Time out 11:27; AM City

07/20/2022 Establishment # 605240190 Embargoed 0 Inspection Date

日本 Follow-up Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection О3

ase Control and Prevention

04

Follow-up Required

O Yes 疑 No

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

12	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 provided on the same cod													
					Compliance Status	COS	R	WT	Compliance Status					
	IN	OUT	NA	NO	Supervision					IN	OUT	I NA I NO I		Cooking and Roberting of Time/Temperature
1	盔	0			Person in charge present, demonstrates knowledge, and	0	0	5						Control For Safety (TCS) Foods
L.		_			performs duties		U	ů	16	_	0	×		Proper cooking time and temperatures
		_	NA	NO	Employee Health				17 🕸 O O Proper reheating procedures for hot holding				Proper reheating procedures for hot holding	
2	380	0			Management and food employee awareness; reporting	0	0			IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as
3	X	0			Proper use of restriction and exclusion	0	0	°		IN	001	NA	NO	a Public Health Control
	IN	OUT	NA	NO	Good Hygienic Practices				18	100	0	O O Proper cooling time and temperature		Proper cooling time and temperature
4	X	0			Proper eating, tasting, drinking, or tobacco use	0	0		19		0	0		Proper hot holding temperatures
5	×	0			No discharge from eyes, nose, and mouth	0	0	ů	20		0	0		Proper cold holding temperatures
	IN	OUT	NA	NO	Preventing Contamination by Hands				21	34	0	0	0	Proper date marking and disposition
6	ŭ	0		0	Hands clean and properly washed	0	0		22	0	lol	×	0	Time as a public health control: procedures and records
7	800	0	0	0	No bare hand contact with ready-to-eat foods or approved	0	0	5		_				
Ŀ	-		_		alternate procedures followed				IN	OUT	NA	_	Consumer Advisory	
8	-	0	N/A	EDS.	Handwashing sinks properly supplied and accessible	0 0 2		23	0	ΙoΙ	300		Consumer advisory provided for raw and undercooked	
		_	NA	NO	Approved Source	-	0.101		$\vdash$		OUT		_	food
9	200	0	_		Food obtained from approved source	0	0		$\vdash$	IN	OUT	NA	NO	Highly Susceptible Populations
10	0	0	0		Food received at proper temperature	0	Ö	5	24	0	l٥l	200		Pasteurized foods used; prohibited foods not offered
11	×	0			Food in good condition, safe, and unadulterated	0	0	"	$\vdash$					
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	OUT	NA	NO	Chemicals
	IN	OUT	NA	NO	Protection from Contamination				25		0	3%		Food additives: approved and properly used
13	0	0	家		Food separated and protected	0	0	4	26	窦	寒 0			Toxic substances properly identified, stored, used
14	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	×		Compliance with variance, specialized process, and HACCP plan

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

			GOO	D R	ar.	II.	PRA	CTIC	E3
		OUT=not in compliance COS=com					rspecti	on	R-repeat (violation of the same code provision
		Compliance Status	COS	R	WT	]			Compliance Status
	OUT	Safe Food and Water				1		OUT	Utensiis and Equipment
28		Pasteurized eggs used where required		0		1	45	0	Food and nonfood-contact surfaces cleanable, properly designed,
29		Water and ice from approved source	0			]	40		constructed, and used
30		Variance obtained for specialized processing methods	0	0	1	1	46	0	Warewashing facilities, installed, maintained, used, test strips
	OUT	Food Temperature Control			_	П		_	
31	ᄣ	Proper cooling methods used; adequate equipment for temperature	0	0	2	Ш	47	0	Nonfood-contact surfaces clean
١ "	-	control	"	-	١.	Ш		OUT	Physical Facilities
32	0	Plant food properly cooked for hot holding	0	0	1	1	48	0	Hot and cold water available; adequate pressure
33	0	Approved thawing methods used	0	0	1	1	49	0	Plumbing installed; proper backflow devices
34	0	Thermometers provided and accurate	0	0	1	1	50	0	Sewage and waste water properly disposed
	OUT	Food Identification				1	51	0	Toilet facilities: properly constructed, supplied, cleaned
35	0	Food properly labeled; original container; required records available	0	0	1		52	0	Garbage/refuse properly disposed; facilities maintained
	OUT	Prevention of Food Contamination				]	53	0	Physical facilities installed, maintained, and clean
36	0	Insects, rodents, and animals not present	0	0	2		54	0	Adequate ventilation and lighting; designated areas used
37	絃	Contamination prevented during food preparation, storage & display	0	0	1	]		OUT	Administrative Items
38	0	Personal cleanliness	0	0	1	1	55	0	Current permit posted
39	0	Wiping cloths; properly used and stored	0	0	1	1	56	0	Most recent inspection posted
40		Washing fruits and vegetables	0	О	1	1	$\overline{}$		Compliance Status
	OUT	Proper Use of Utensils		_		1			Non-Smokers Protection Act
41	0	In-use utensils; properly stored	0	0	1	1	57		Compliance with TN Non-Smoker Protection Act
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1	1	58		Tobacco products offered for sale
43		Single-use/single-service articles; properly stored, used	0	0	1	1	59	1	If tobacco products are sold, NSPA survey completed
44	0	Gloves used properly	0	0	1	]			

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

07/20/2022

Date Signature of Er vironmental Health Specialist 07/20/2022 Date

RDA 629

Signature of Person In Charge

\*\*\*\* 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 #:  605240190				
NCDA Common To be commissed if	#F7 := #M=#			
NSPA Survey – To be completed if Age-restricted venue does not affirmatively rest		or facilities at all times to	persons who are	
twenty-one (21) years of age or older.  Age-restricted venue does not require each per	rson attempting to gain entr	y to submit acceptable f	orm of identification.	
"No Smoking" signs or the international "Non-S				
		ispicuously posted at ex	very entrance.	
Garage type doors in non-enclosed areas are n				
Tents or awnings with removable sides or vents			a or open.	
Smoke from non-enclosed areas is infiltrating in	nto areas where smoking is	prohibited.		
Smoking observed where smoking is prohibited	i by the Act.			
Warewashing Info			1	
Machine Name	Sanitizer Type	PPM	Temperature ( Fai	irenheit)
		•	•	
Equipment Temperature				
Description			Temperature ( Fah	renhelt)
Food Temperature				
Description		State of Food	Temperature ( Fah	renhelf)
Decomption		State of Food	Temperature ( Pan	reillien/
I			1	

Observed Violations	
Total # 2 Repeated # 0	
Repeated # 0	
31:	
37:	
ITO as none at the and of this document for any violations that could not be displayed 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: Subway	
Establishment Number: 605240190	
Comments/Other Observations	
:: :: :: :: :: :: :: :: :: :: :: :: ::	
<b>3</b> :	
l:	
<b>5</b> :	
'.	
.0	
.L. g.	
.C.	
$\Delta^{\cdot}$	
.6:	
7:	
.8:	
.9:	
<u>?</u> 0:	
21:	
.'2':	
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 pr	ncesses
57:	5005505.
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 Name: Subway	
Establishment Number: 605240190	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
see last page for additional comments.	

Establishment Information

Establishment Information		
Establishment Name: Subway		
Establishment Number #: 605240190		T I
Sauce 2		
Sources		
Source Type:	Source:	
Additional Comments		