### TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

Camer /																		
Subway #50254					Subway #50254		Type of Establishment     O Fermer's Merket Food Unit     O Mobile											
			s rvar	190	1309 Taft Hwy.													
1441535				02	02:45 PM AM / PM Time out 03:30: PM AM / PM													
									Emba				the or	at 00.00,1111 AM7PM				
								- O Pr			a		0.00	nsuitation/Other				
Purpose of Inspection Routine O Follow-up O Complaint						_	eamin	ary						/17	,			
Risk Category O1 🕱 O3 O4 Follow-up Required O Yes 🕅 No Number of Sea 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 liem. For items marked OUT, mark COB or R for each item as applicable. Deduct points for ca									category	.)								
IN	⊨in c	ompii	ance		OUT=not in compliance NA=not ap Compliance State		ed COS			)S=co	rrecte	d on-t	site dur	ng ins	pection R=repeat (violation of the same code pro Compliance Status		1.01	WT
Т	IN	OUT	NA	NO	Supervisi		1000				IN	001	NA	NO	Cooking and Roberting of Time/Temperature	_		WT
1	黨	0			Person in charge present, demon- performs duties	strates knowledge, and	0	0	5	16	0	0			Control For Safety (TCS) Foods Proper cooking time and temperatures	-		
			NA	NO	Employee H						ŏ	ŏ	õ		Proper reheating procedures for hot holding	ŏ	00	5
	景	0			Management and food employee Proper use of restriction and exclu		6	0	5		IN	ουτ	NA	NO	Cooling and Holding, Date Marking, and Time a a Public Health Control			
	IN		NA		Good Hygienic P						0	0			Proper cooling time and temperature		0	
4	黨	0			Proper eating, tasting, drinking, or No discharge from eyes, nose, an		8	0	5	19		8	8		Proper hot holding temperatures Proper cold holding temperatures	0	0	
	IN 賞		NA		Preventing Contamin Hands clean and properly washed		0	0	_		*		-		Proper date marking and disposition	_	0	ľ
7	2	0	0	0	No bare hand contact with ready-t alternate procedures followed		0	0	5	22	O	0	X	O NO	Time as a public health control: procedures and record Consumer Advisory	s 0	0	
		0	NA	NO	Handwashing sinks properly supp Approved Sc		0	0	2	23	_	0	12		Consumer advisory provided for raw and undercooked food	0	0	4
9	黨	0	_		Food obtained from approved sou	rce		0			IN	ουτ	NA	NO	Highly Susceptible Populations			
10 11			0	<u>×</u>	Food received at proper temperate Food in good condition, safe, and		8	0	5	24	0	0	X		Pasteurized foods used; prohibited foods not offered	0	0	5
	0	0	×	0	Required records available: shell : destruction	stock tags, parasite	0	0			IN	ουτ	NA	NO	Chemicals			
		OUT	NA	NO	Protection from Co Food separated and protected	ntamination	0	0	4	25 26	0 送	0	X		Food additives: approved and properly used Toxic substances properly identified, stored, used	- 0	0	5
14	×	0			Food-contact surfaces: cleaned at Proper disposition of unsafe food,		0	0	5		IN	OUT	NA	NO	Conformance with Approved Procedures Compliance with variance, specialized process, and			_
15	2	0			served	returned lood not re-	0	0	2	27	0	0	黨		HACCP plan	0	0	5
	Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.																	
	GOOD RETAIL PRACTICES OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)																	
			_	00	Tenot in compliance Compliance Statu	18		R							R-repeat (violation of the same code provisio Compliance Status		R	WT
2	8	OUT	Past	eurize	Safe Food and Wat d eggs used where required	er	0	0	1	4		O F	ood a	nd no	Utensils and Equipment infood-contact surfaces cleanable, properly designed,	0	0	1
2	_				lice from approved source obtained for specialized processing	methods	8	0	2	$\vdash$	-	- 0			and used	-	$\vdash$	
		OUT			Food Temperature Co	ntrol	-			4	-	-	_		g facilities, installed, maintained, used, test strips ntact surfaces clean	0	0	1
3		0	contr	rol	oling methods used; adequate equi	pment for temperature	0	0	2		0	TUK			Physical Facilities			
3					properly cooked for hot holding thawing methods used		8	0	1	4	_				I water available; adequate pressure stalled; proper backflow devices		8	2
3	4	0			eters provided and accurate		0	0	1	5	0	0	Sewag	e and	waste water properly disposed	0	0	2
3	5	OUT	Food	1 none	Food Identificatio erly labeled; original container; req		0	0	1	5	_				es: properly constructed, supplied, cleaned use properly disposed; facilities maintained	0	0	1
_		OUT		, biob	Prevention of Food Conta		-		-	5		-	-		ities installed, maintained, and clean	-	0	
3	6	0	Insec	cts, ro	dents, and animals not present		0	0	2	5	4	0 /	Adequa	ite ve	ntilation and lighting; designated areas used	0	0	1
3	7	0	Cont	amin	ation prevented during food prepara	ation, storage & display	0	0	1		0	TUK			Administrative Items			
3	-				leanliness		0	0	1	5					nit posted inspection posted	0	0	0
4	_			- N	ths; properly used and stored ruits and vegetables			0	1	Ľ	• I •		VICH P	cent	Compliance Status	YES	NO	WT
4	4	OUT		o udo	Proper Use of Uten nsils; properly stored	alla		0	_	5	,	_	Semel	1000	Non-Smokers Protection Act with TN Non-Smoker Protection Act		0	
4	_	24	Uten	sils, e	quipment and linens; properly stor		0	0	1	5	8		Tobacc	o pro	ducts offered for sale	0	0	0
4					/single-service articles; properly st ed properly	ored, used		8		5	9]	ľ	f tobac	co pr	oducts 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																	
servi mare	ce e ner a	stabli: nd po	shmer st the	t per most	nit. Items identified as constituting impresent inspection report in a conspicu	ninent health hazards shall b ous manner. You have the rig	e corre pht to r	cted i eques	mmed	iately	or op	eratio	ns shal	ceas	e. You are required to post the food service establishment pe lling a written request with the Commissioner within ten (10) of the comm	rmit in a	consp	vicuous
					14-703, 68-14-706, 68-14-708, 68-14-709,								. ۲	_	$\supset$			
		l	/	1	2	03/0	06/2	024	4 172					03/0	)6/2	2024		
Sigr	natu	re of	Pers	on In	Charge				Date						ental Health Specialist			Date
					**** Additional for	od safety information can	) be fo	ound	on ou	r web	osite,	http	c//tn.g	jow/h	ealth/article/eh-foodservice			

	P	-		
PH-2267 (Rev. 6-15)	Free food safety training cl Please call (	asses are available each mor ) 4232098110	th at the county health department. to sign-up for a class.	RDA 629

#### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Subway #50254 Establishment Number #: 605224887

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)						
Three comp sink	QA	200							

Equipment l'emperature						
Description	Temperature (Fahrenheit)					
Walk in	37					
	<b>.</b>					

Food Temperature		
Decoription	State of Food	Temperature ( Fahrenheit
Meatball	Hot Holding	157
Cooked chicken-prep top	Cold Holding	41
Deli ham-prep top	Cold Holding	39
Sliced tomatoes-prep top	Cold Holding	39
Steak-walk in	Cold Holding	39
Tuna salad-walk in	Cold Holding	37
Milk-1 dr merch	Cold Holding	41

Observed Viol	ations
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Total 💈 📋

Repeated # 0

42: Discontinue stacking wet dishes. Allow dishes to air dry prior to stacking.

### TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



#### Establishment Information

Establishment Name: Subway #50254

Establishment Number : 605224887

#### Comments/Other Observations

1: (IN): PIC demonstrates knowledge by correctly answering questions regarding principles applicable to the food operation.

2: (IN) Employees are aware of the symptoms on the illness policy.

- 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 facility
- 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 cooling of TCS foods observed today.
- 19: (IN) Hot holding temperatures are held at 135F or above
- 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.
- 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 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.

# Establishment Information

Establishment Name: Subway #50254

Establishment Number : 605224887

Comments/Other Observations (cont'd)

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

## Establishment Information

Establishment Name: Subway #50254 Establishment Number #: 605224887

Sources Source Type: Food Source: Rinehart Source Type: Water Source: Water is from approved source Source Type: Source: Source Type: Source: Source: Source Type: Additional Comments

Life Vac unit delivered today.