# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

			N. C. S.															<b>^</b>	>	
Esta	blish	men	t Nar		Subway #46	63					_	Tvr	xe of F	Establi	shme	Farmer's Market Food Sermanent O Mo		7	5	
Address		4515 HWY	58						.,,				O Temporary O Se							
City					Chattanoog	a	Time in	12	2:50	0 F	M	A	M / PI	и ті	me ou	ut 01:30: PM A	M / PM			
Insp	ectio	n Da	te		08/19/20	21 Establishment#	60525638	9		_	Emba	rgoe	d 0	)						
Purp	ose	of In	spec	tion	Routine	O Follow-up	O Complaint			-	elimin				Cor	nsuitation/Other				
Risk	Cat	egon	/		O1	\$\$2	03			04				Fo	low-	up Required O Yes	觐 No Number of	Seats	36	i
		R	isk I													to the Centers for Dise control measures to pro	ase Control and Preve	ntion		
				-	ontributing fact											INTERVENTIONS	event inness of injury.			
				algna		is (IN, OUT, HA, HO) for	each numbered lien	n. For		mark	el 00	T, <b>m</b>	nrk GG	38 or R	for e	ach liem as applicable. Deduc			)	
IN	in co	mpli	ance	_		ice NA=not applicable pliance Status	NO=not observe		R		S=000	recte	d on-s	ite dun	ng ins	spection R*repeat (v Compliance Stat	violation of the same code provi		R	WT
-	-	-	NA	NO	Deserve la charge	Supervision						IN	ουτ	NA	NO		g of Time/Temperature ety (TCS) Foods			
		٥			Person in charge p performs duties	resent, demonstrates i	knowledge, and	0	0	5	16		0	×		Proper cooking time and tem	peratures	0	8	5
			NA	NO	Management and	Employee Health ood employee awaren	ess; reporting	0	0	_	17	0	0	0		Proper reheating procedures Cooling and Holding, Da		_	0	
		0				iction and exclusion		0	0	5		IN	OUT			a Public He	aith Control			
		OUT	NA	NO O		ng, drinking, or tobacc		0	o		18 19	0	0	0		Proper cooling time and temp Proper hot holding temperatu		8	0	
5	澎	0	NA		No discharge from	eyes, nose, and mouth	h	ŏ	ŏ	5	20	25	0	0		Proper cold holding temperat	tures	0	0	5
6		0	104		Hands clean and p	Charge from eyes, nose, and mouth     O     O     O     O     Proventing Contamination by Hands     O     O     Proventing Contamination by Hands     O														
7	×	0	0	0	No bare hand cont alternate procedur		ods or approved	0	0	5	-	IN	OUT	-	NO			Ť	-	
			NA	NO	Handwashing sink	s properly supplied and Approved Source	accessible	0	0	2	23	0	0	X		Consumer advisory provided food	for raw and undercooked	0	0	4
9	黨	0			Food obtained from	n approved source		0	0			IN	OUT		NO	Highly Suscepti	ble Populations			
10	×	8	0	26		ition, safe, and unadult		0	0 0	5	24	0	0	82		Pasteurized foods used; prof	hibited foods not offered	0	0	5
12	0	0	X	0	Required records a destruction	rvailable: shell stock ta	gs, parasite	0	0			IN	OUT	NA	NO	Chem	nicals			
			NA Sil	NO		tion from Contamin	ation	0	0	_	25	0 炭	0	X		Food additives: approved an Toxic substances properly id		0	0	5
		ŏ				ces: cleaned and sanit	ized		ŏ		20	IN		NA	NO		pproved Procedures	Ť		
15	8	٥			Proper disposition served	of unsafe food, returne	d food not re-	0	0	2	27	0	0	×		Compliance with variance, sp HACCP plan	pecialized process, and	0	0	5
_	-	_		Geo	d Patall Practic		mensures to co	a frai		Inte	-	tion		atho		, chemicals, and physic	al objects jato foods		_	
				000		es are preventive	measures to co	GOO							gena	, chemicals, and physic	al objects into loods.			
				00	T=not in compliance		COS=corre	cted o	n-site	őuring			IGE				on of the same code provision)		_	
		OUT				Food and Water		cos	R	WT		0	UT			Compliance St Utensils and Equi		COS	ĸ	WT
2	_				ed eggs used where fice from approved			8	8	1	4	5 1	NA 111			infood-contact surfaces clean and used	able, properly designed,	0	0	1
3	0				obtained for special	zed processing methor	ds .	ŏ	Ŏ	ĩ	40	5 (	- 1			g facilities, installed, maintain	ed, used, test strips	0	0	1
3	_		Prop	er co		adequate equipment f	for temperature	0	0	2	47	1 1	X N	lonfoo	d-con	ntact surfaces clean		0	0	1
3		-	cont		property cooked fo	r hot holding		-	0	-	41		UT O ⊢	lot and	t cold	Physical Facilit water available; adequate pr		0	0	2
3	3	0	Appr	oved	thawing methods u	sed		0	0	1	4		ΟP	lumbi	ng ins	stalled; proper backflow device	es	0	0	2
3	-	0 001	Ther	mome	eters provided and Food	accurate		0	0	1	50		-			waste water properly dispose s: properly constructed, supp		8	0	2
3	5	0	Food	i prop	erly labeled; origina	I container; required re	cords available	0	0	1	53	2 0	0 0	Sarbag	e/refu	use properly disposed; facilitie	es maintained	0	0	1
		OUT			Prevention of	f Food Contaminati	on		-		5	5	o P	hysica	al faci	ilities installed, maintained, an	d clean	0	0	1
3	6	٥	Inse	cts, ro	dents, and animals	not present		0	0	2	54	•	0 A	dequa	de ve	entilation and lighting; designa	ted areas used	0	0	1
3	7	0	Cont	tamina	ation prevented dur	ng food preparation, st	orage & display	0	0	1		0	UT			Administrative in	tems			
3	-	-	-		cleanliness ths: properly used a	and stored		0	0	1	50					nit posted inspection posted		0	0	0
4	_				ruits and vegetable					1	34	<u>,                                    </u>	<u> I</u>	IOSL FE	cent	Compliance Sta	tus			WT
4	_	OUT	In-us	e ute	Proper nsils; properly store	Use of Utensils		0	0	1	57	,	-	ompli	ance	Non-Smokers P with TN Non-Smoker Protect		- 10	0	
4	2	0	Uten	sils, e	quipment and liner	s; properly stored, drie		0	0	1	53	5	T	obacc	o pro	ducts offered for sale		0	0 0	0
4					ed properly	cles; properly stored, u	seg		8	1	90	,	1	topac	co pr	oducts are sold, NSPA surve	y completed			
																Repeated violation of an identic				
man	wr ar	nd po	st the	most	recent inspection rep	ort in a conspicuous man	ner. You have the rig	ht to n	equest							e. You are required to post the f fling a written request with the C				
( apo		5		-rs 08-	+i/o	14-708, 68-14-709, 68-14-7						1	0	1-	$\mathbf{L}$	- 17.1		001	0.15	
ر د		ر	Der		1 . 7 -	_	08/1	19/2			0	/	Vo	Ś	ί			08/1	19/2	-
SIGI	atur	e of	rers	on In	Charge	Additional form	to information	here		Date						ental Health Specialist				Date
		-					7									ealth/article/eh-foodservik unty health department.				
PH-2	267 (	Rev.	6-15)	)			e call (		232							p for a class.			R	DA 629

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



#### Establishment Information

Establishment Name: Subway #4663 Establishment Number #: 605256389

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 wenty-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.	
Sarage 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	200										

Equipment Temperature						
Description	Temperature (Fahrenheit)					
	36					
Reach in sandwich prep area	36					

Food Temperature	ood Temperature					
Description	State of Food	Temperature (Fahrenheit)				
Turkey (walk in cooler)	Cold Holding	36				
Ham (walk in cooler)	Cold Holding	36				
Cut leafy greens (walk in)	Cold Holding	38				
Meatballs	Hot Holding	189				
Turkey	Cold Holding	39				
Tuna	Cold Holding	38				
Sliced steak	Cold Holding	39				
Turkey (rear prep area)	Cold Holding	39				
Tuna (rear prep area)	Cold Holding	39				
Sliced tomatoes (rear prep area)	Cold Holding	39				

Observed		

Total # 2

Repeated # ()

45: Cutting board in rear sandwich prep area showing excessive wear.

47: Ice nozzle to soda fountain dirty.

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



#### Establishment Information

Establishment Name: Subway #4663

Establishment Number : 605256389

#### Comments/Other Observations

- 1: (IN): PIC demonstrates knowledge by having no violations of priority violations during current inspection.
- 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: 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: 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: 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: (N.O.) No cooling of TCS foods during inspection.
- 19: See temperatures.
- 20: 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.
- 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 #4663

Establishment Number: 605256389

Comments/Other Observations (cont'd)

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

# Establishment Information

Establishment Name: Subway #4663 Establishment Number # 605256389

Sources				
Source Type:	Food	Source:	Reinhart	
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

# Additional Comments