

Establishment Name

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

O Farmer's Market Food Unit

Remanent O Mobile

1820 Gunbarrel Rd., STE 700 Address

Firehouse Subs

Type of Establishment

O Temporary O Seasonal

Chattanooga City

Time in 01:50 PM AM / PM Time out 02:05: PM AM / PM

02/26/2024 Establishment # 605205391 Inspection Date

Embargoed 0

Purpose of Inspection Routine 日本 Follow-up O Complaint

O Preliminary O Consultation/Other

O Yes 疑 No

Number of Seats 45

SCORE

Risk Category О3 04 Follow-up Required

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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
	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	黨	0		0	No discharge from eyes, nose, and mouth	0	0	٥	П
	IN	OUT	NA	NO	Preventing Contamination by Hands				11
6	滋	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	×	0			Handwashing sinks properly supplied and accessible	0	0	2	П
	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	Ιĺ
15	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	$\ $

					Compliance status	000	- 1	** 1
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	黨	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	200	Proper reheating procedures for hot holding	0	0	۰
	IN	оит	NA	NO	Cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	X	Proper cooling time and temperature	0	0	
19	×	0	0	0	Proper hot holding temperatures	0	0	
20	245	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	333		Pasteurized foods used; prohibited foods not offered	0	0	5
	IN	OUT	NA	NO	Chemicals			
25	0	0	3%		Food additives: approved and properly used	0	0	5
26	8	0			Toxic substances properly identified, stored, used	0	0	9
	IN	OUT	NA	NO	Conformance with Approved Procedures			
27	0	0	×		Compliance with variance, specialized process, and HACCP plan	0	0	5

s to control the introduction of pathog s, chemicals, and physical objects into foods.

PRACTICES

			GOO		
		OUT=not in compliance COS=com			
		Compliance Status	cos	R	W
	OUT				
28	_	Pasteurized eggs used where required	0	0	
29	0	Water and ice from approved source	0	0	F
30	0	Variance obtained for specialized processing methods	0	0	L
	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	г
34	0	Thermometers provided and accurate	0	0	г
	OUT	Food Identification			
35	0	Food properly labeled; original container, required records available	0	0	Γ
	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	
38	0	Personal cleanliness	0	0	Г
39	188	Wiping cloths; properly used and stored	0	0	Г
40	0	Washing fruits and vegetables	0	0	Г
	OUT	Proper Use of Utensils			
41	0	In-use utensils; properly stored	0	0	Г
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	Г
43	0	Single-use/single-service articles; properly stored, used	0	0	Г
44	-0	Gloves used properly	0	0	Г

pecti	on	R-repeat (violation of the same code provision		_	_
		Compliance Status	COS	R	8
	OUT	Utensils and Equipment		_	_
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	Ľ
46	0	Warewashing facilities, installed, maintained, used, test strips	0	0	
47	0	Nonfood-contact surfaces clean	0	0	
	OUT	Physical Facilities			
48	0	Hot and cold water available; adequate pressure	0	0	
49	0	Plumbing installed; proper backflow devices	0	0	
50	0	Sewage and waste water properly disposed	0	0	- :
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items			
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	٧
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- X	0	
58		Tobacco products offered for sale	0	0	١.
59		If tobacco products are sold, NSPA survey completed	0	0	

ser and post the most recent inspection report in a conspicuous manner. You have the right to request a hi ten (10) days of the date of th 68-14-703, 68-14-706, 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320

02/26/2024

Date Signature of Environmental Health Specialist

02/26/2024

Signature of Person In Charge

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

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

Date

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information									
Establishment Name: Firehouse Subs									
Establishment Number #: 605205391									
NSPA Survey – To be completed if Age-restricted venue does not affirmatively resi		e facilities at all times to							
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	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	s in non-enclosed areas are	not completely remove	d 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									
Machine Name	Sanitizer Type	PPM	Temperature (Fai	renhelt)					
Equipment Temperature									
Description			Temperature (Fah	renheit)					
-									
-									
Food Temperature		1 -1 1	1- 1						
Description		State of Food	Temperature (Fah	renhelt)					

Observed Violations	
Total # 1	
Repeated # ()	
39:	
***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: Fire	house Subs		
Establishment Number :	605205391		
Comments/Other Obse	rvations		
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See last page	for additional	comments.

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 Information	
Establishment Name: Firehouse Subs	
Establishment Number: 605205391	
Comments/Other Observations (cont'd)	
Additional Comments (cont'd)	
See last page for additional comments.	
see last page for additional comments.	

Establishment Information									
Establishment Name: Firehouse Subs									
Establishment Number #. 605205391									
Sources									
Source Type:	Source:								
Source Type:	Source:								
Source Type:	Source:								
Source Type:	Source:								
Source Type:	Source:								
Additional Comments									