

Establishment Name

TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

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O Farmer's Market Food Unit Subway #32212 Remanent O Mobile Type of Establishment

9413 Apison Pike, STE 114 O Temporary O Seasonal Address

Ooltewah Time in 02:00 PM AM / PM Time out 02:30; PM AM / PM City 08/01/2022 Establishment # 605174963 Embargoed 0

Inspection Date O Follow-up **K**Routine O Complaint O Preliminary O Consultation/Other Purpose of Inspection

Number of Seats 42 Risk Category **O**3 04 Follow-up Required O Yes 疑 No

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

s (IN, OUT, NA, NO) for ea

10	ê ∙in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observe				S=co	rrecte	d on-sit	le duri	ing ins	spection R=repeat (violation of the same code provi
	Compliance Status							WT	WT Compliance Status					
	IN OUT NA NO Supervision						IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
1		0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5	16	0	0	50	0	Proper cooking time and temperatures
Н	IN	OUT	NA	NO	Employee Health				17	-	ŏ	8		Proper reheating procedures for hot holding
2	X	0			Management and food employee awareness; reporting	0	0 0 5							Cooling and Holding, Date Marking, and Time as
3	×	0			Proper use of restriction and exclusion	0				IN	OUT	NA	NO	a Public Health Control
	IN	OUT	NA	NO	Good Hygienic Practices				18	0	0	0		Proper cooling time and temperature
4	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	5	19		0	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	*	0	0	0	Proper date marking and disposition			
6	×	0		0	Hands clean and properly washed	0	0		22	0	0	0	鋖	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		_		-		
	-	-			alternate procedures followed	-	-	_	_	IN	OUT	NA	NO	Consumer Advisory
8	-	OUT	NA	NO	Handwashing sinks properly supplied and accessible Approved Source	0	0	2	23	0	0	×		Consumer advisory provided for raw and undercooked food
9	200	0	TRAN.	no	Food obtained from approved source	0	О	\neg		IN	OUT	NA	NO	Highly Susceptible Populations
10	0	0	0	38	Food received at proper temperature	0	0		I	_		0+2		
11	×	0			Food in good condition, safe, and unadulterated	0	0	5	24	0		333		Pasteurized foods used; prohibited foods not offered
12	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0			IN	оит	NA	NO	Chemicals
	IN	OUT	NA	NO	Protection from Contamination				25		0	X		Food additives: approved and properly used
13	0	0	8		Food separated and protected	0	0	4	26	窦	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	×	0			Proper disposition of unsafe food, returned food not re- served	0	0	2	27	0	0	X		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 fo

GOOD RETAIL PRACTICES												
OUT=not in compliance COS=corrected on-site during inspection R-repeat (violation of the same code provision)												
Compliance Status COS R WI					WT] [Compliance Status			COS	R	WT
	OUT Safe Food and Water							OUT	Utensils and Equipment			
28		Pasteurized eggs used where required	0	0	1	J [.	45	0	Food and nonfood-contact surfaces cleanable, properly designed,	0	0	1
29		Water and ice from approved source	0	0	2	1 1	**	_	constructed, and used	_	_	
30	_	Variance obtained for specialized processing methods	_0	0	_1	11	46 O		Warewashing facilities, installed, maintained, used, test strips		l٥l	1
	OUT		_	,	_					0	-	-
31	0	Proper cooling methods used; adequate equipment for temperature	0	0	2	ΙĿ	47	_	Nonfood-contact surfaces clean	0	0	1
	_	control	_			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		0	2
33	0	Approved thawing methods used	0	0	1] [49	0	Plumbing installed; proper backflow devices	0	0	2
34	0	Thermometers provided and accurate	0	0	1	П	50	0	Sewage and waste water properly disposed	0	0	2
	OUT	Food Identification				51 O		0	Toilet facilities: properly constructed, supplied, cleaned	0	0	1
35	0	Food properly labeled; original container; required records available	0	0	1] [:	52	0	Garbage/refuse properly disposed; facilities maintained	0	0	1
	OUT	Prevention of Feed Contamination					53	0	Physical facilities installed, maintained, and clean	0	0	1
36	0	Insects, rodents, and animals not present	0	0	2] [54	0	Adequate ventilation and lighting; designated areas used	0	0	1
37	0	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	0	0	0
39	0	Wiping cloths; properly used and stored	0	0	1	117	56	0	Most recent inspection posted	0	0	۰
40	0	Washing fruits and vegetables	0	0	1	1Г	Compliance Status		YES	NO	WT	
	OUT	Proper Use of Utensils				Non-Smokers Protection Act						
41	0	In-use utensils; properly stored	0	0	1] [57		Compliance with TN Non-Smoker Protection Act		0	
42	0	Utensils, equipment and linens; properly stored, dried, handled	0	0	1] [58		Tobacco products offered for sale	0	0	0
43		Single-use/single-service articles; properly stored, used	0	0] [59		If tobacco products are sold, NSPA survey completed	0	0	
44	0	Gloves used properly	0	0	1] _						

You have the right to request a h n (10) days of the date of the

10 08/01/2022

Date Signature of Environmental Health Specialist

Date

08/01/2022

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.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #32212
Establishment Number #: 605174963

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 twenty-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.	Т
"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.	\top
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.	\top
Smoking observed where smoking is prohibited by the Act.	+

Warewashing Info									
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenhelt)						
Triple sink	QA	200							
QA bucket	QA	200							
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								

Equipment Temperature						
Description	Temperature (Fahrenheit)					
Walk in cooler	38					
Reach in cooler	37					

Food Temperature							
Description	State of Food	Temperature (Fahrenheit					
Sliced tomatoes	Cold Holding	41					
Sliced tomatoes (reach in)	Cold Holding	37					
Ham	Cold Holding	40					
Ham (reach in)	Cold Holding	37					
Tuna	Cold Holding	40					
Tuna (walk in)	Cold Holding	37					
Rotisserie Chicken (walk in)	Cold Holding	38					
Meatballs	Hot Holding	149					

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



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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:

Additional Comments

See last page for 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 Name: Subway #32212					
Establishment Number: 605174963					
Comments/Other Observations (cont'd)					
Additional Comments (cont'd)					
See last page for additional comments.					
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Establishment Information

Establishment Information								
Establishment Name: Subway #32212								
Establishment Number #:	605174963			T I				
Sources								
Source Type:	Water	Source:	Public					
Source Type:	Food	Source:	PFG					
Source Type:		Source:						
Source Type:		Source:						
Source Type:		Source:						
Additional Commen	ts							