TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

				FOOD SERVICE ESTABLISHMENT INSPECTION REPORT										sco	ORE					
ß			and a second																7	
Esta	blish	men	t Nar		Subway #3	31514						T		Tota b E	-	Fermer's Market Food Unit Ø Permanent O Mobile	9		/	
Add	ress				8142 E Bra	ainerd Rd						тур	eore	Establi	snime	O Temporary O Seasonal				
City					Chattanoo	ga	Time in	12	2:3	5 F	M	AN	/ PI	и ти	100 OI	ut 01:05; PM AM / PM				
	ectio	- Do			08/18/20	22 Extention	hment # 60524534				Emba	-			110 04					
			spect		©Routine	O Follow-up				_	elimin		-		Cor	nsultation/Other				
	Cab				01	1822	03			04		,		-		-up Required X Yes O No	Number of S	io ats	53	;
n lan	000		isk I	act	ors are food p	reparation pra	ctices and employee	behr	vior	8 mK	et co	mm	only	repo	rted	d to the Centers for Disease Con	trol and Prevent	tion	_	
				as c	ontributing ta		DBORNE ILLNESS RI									control measures to prevent ille	ess or injury.			
				algaat		atus (IN, OUT, HA,	NO) for each numbered liter	n. For		milf	ed OU	T, 194	ink GG	38 or R	for e	each Hem as applicable. Deduct points for)	
IN	in co	mpīi	ance			iance NA=not ap mpliance State		cos	R		S=con	ected	t on-s	ite duri	ng ins	spection R=repeat (violation of t Compliance Status			R	WT
	IN	ουτ	NA	NO		Supervisi						IN	ουτ	NA	NO	Coolding and Roheating of Time Control For Safety (TCS)				
	鬣	0			Person in charge performs duties		strates knowledge, and	0	0	5	16		0	0		Proper cooking time and temperatures		00	0	5
	IN I		NA	NO	Management an	Employee H id food employee i	lealth awareness: reporting	0		_	17	0	0			Proper reheating procedures for hot ho Cooling and Holding, Date Marking		0	0	•
3	×	0			Proper use of re	striction and exclu	usion	0	0	5			OUT		NO	a Public Health Cont				
	IN I	OUT	NA			lood Hygionic P asting, drinking, or		0	0		18 19	<u>0</u> 家	0	0		Proper cooling time and temperature Proper hot holding temperatures		0	0	
5	澎		NA	0	No discharge fro	om eyes, nose, an nting Contamin	d mouth	ō	0	5	20	100	00	8	0	Proper cold holding temperatures Proper date marking and disposition			0	5
6	黨	0			Hands clean and	d properly washed	1	_	0	5	22	õ	0	X		Time as a public health control: proced	ures and records	0	ō	
_	邕	0		0	alternate proced	dures followed	to-eat foods or approved	0	0			IN	OUT	NA	NO					
	_	OUT	NA	NO		Approved So			0	2	23	0	0	黛		Consumer advisory provided for raw an food		0	0	4
10			0	20		rom approved sou t proper temperati		0			24	IN O	OUT	NA	NO	Highly Susceptible Popul Pasteurized foods used; prohibited food		0	0	
11	_	0	22	0		ndition, safe, and s available: shell s	unadulterated stock tags, parasite	0	0	5	24	IN	OUT	-	-	.,	is not offered	•	9	9
		O OUT	(AR)	-	destruction	ection from Co		0		_	25			784 286		Chemicals Food additives: approved and properly	used	0	o	
13	2	0	0		Food separated	and protected rfaces: cleaned ar	nd canitized	8	8	4	26	民	0	NA		Toxic substances properly identified, st	ored, used	0	0	5
_		0		J			returned food not re-	0	0	2	27	0	0	X		Compliance with variance, specialized HACCP plan		0	0	5
				Goo	d Retail Pract	tices are preve	entive measures to co	ontro	l the	intr	oduc	tion	of p	atho	gens	s, chemicals, and physical objec	ts into foods.		_	
								GOO	D R	ar/A	L PR	ACT	ICE	3						
	_	_		00	T=not in complianc Cor	e mpliance Statu	COS=corre		R		inspe	tion				R-repeat (violation of the sa Compliance Status		COS	R	WT
2	_	OUT		0.0570	Saf d eggs used who	e Food and Wat	ter	0	0	-			UT	ood ar	ad no	Utensils and Equipment onfood-contact surfaces cleanable, prop	dy decigned			
2	9	0	Wate	er and	ice from approve		mathade	0	8 8	2	45	+				, and used	nij sesgres,	0	0	1
3	-	OUT	varie	ince c		Temperature Co				-	46					ng facilities, installed, maintained, used, t	est strips	0	0	1
3	1	0	Prop		oling methods us	ed; adequate equi	ipment for temperature	0	0	2	47	_	D N UT	lonfoo	d-con	ntact surfaces clean Physical Facilities		0	0	1
3	_				properly cooked thawing methods			8	8	1	48	_	_			d water available; adequate pressure stalled; proper backflow devices		8	8	2
3	4	0	<u> </u>		eters provided an	d accurate		ŏ	ŏ	1	50		o s	ewage	and	d waste water properly disposed		0	0	2
3	_	OUT	Feed	Inner		od Identificatio	n uired records available	0	0	1	51	_				es: properly constructed, supplied, clean fuse properly disposed; facilities maintain		0	0 0	1
3.		OUT	F000	prop		n of Food Conta		Ľ		-	53			-		ilities installed, maintained, and clean	eu	<u> </u>	0	1
3	_	-	Insec	ots, ro	dents, and anima			0	0	2	54	- ÷	-			entilation and lighting; designated areas	used	0	0	1
3	7	0	Cont	amina	ation prevented d	luring food prepara	ation, storage & display	0	0	1		0	υτ			Administrative Items				
3	_	-	-		leanliness			0	0	1	55					mit posted		0		0
3	_			<u> </u>	ths; properly use ruits and vegetab			8	0		56		us in	fost re	cent	inspection posted Compliance Status		O YES		WT
_	_	OUT				er Use of Uten	alla		· · ·			-				Non-Smokers Protection	Act	~		
4					nsils; properly sto quipment and lin		ed, dried, handled	0	8	1	57					with TN Non-Smoker Protection Act oducts offered for sale			0	0
4	_	0	Sing	le-use		rticles; properly st		0	8	1	55		If	tobac	co pr	roducts are sold, NSPA survey complete	đ	0		
		corre	ect an	y viola	tions of risk factor			usion o	f you	r food						Repeated violation of an identical risk facto				
		nd po	st the	most	recent inspection r	eport in a conspicue	ous manner. You have the rig	the to r	eques							se. You are required to post the food service filing a written request with the Commission				
repor		N		Ļ	201	6-14-708, 68-14-709,	. 68-14-711, 68-14-715, 68-14-7							_					<u>.</u> .	
Signature of Person In Charge					18/2	-	_	-			\leq			C)8/1	.8/2	2022			
aiĝi	atur	e of	rers	on m		*** Additional for	od safety information car) be fo		Date on ou	-					ental Health Specialist health/article/eh-foodservice ****				Date

PH-2267 (Rev. 6-15)	Free food safety training cla		th at the county health department.	RDA 629
1192201 (1001: 0-10)	Please call () 4232098110	to sign-up for a class.	101.023

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #31514 Establishment Number #: 605245342

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.	
"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 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 (Fahrenhelt)								
Triple sink	QA	200									

Equipment Temperature	
Description	Temperature (Fahrenheit)

Food Temperature Decoription	State of Food	Temperature (Fahrenheit)
Sliced turkey in walk in cooler	Cold Holding	39
Sliced chicken	Cold Holding	40
Teriyaki chicken	Cold Holding	40
Sliced tomatoes	Cold Holding	39
Cut leafy greens	Cold Holding	39
Veatball	Hot Holding	150
Sliced tomatoes #2	Cold Holding	39

Observed Violations

Total # 4

Repeated # ()

8: Hand sink in back kitchen not in operation. Only operable hand sink is on front line.

53: Leak coming from ceiling in front of triple sink.

55:

56:



Establishment Information

Establishment Name: Subway #31514 Establishment Number : 605245342

Comments/Other Observations

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

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: Proper handwashing observed.

7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.

9: 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: (IN) All raw animal food is separated and protected as required.
- 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: (NO) No raw animal foods cooked during inspection.
- 17: (NO) No TCS foods reheated during inspection.
- 18: (N.O.) No cooling of TCS foods during inspection.
- 19: Proper hot holding temperatures observed.
- 20: Proper cold holding temperatures observed.
- 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 #31514

Establishment Number : 605245342

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Subway #31514 Establishment Number # 605245342

Sources				
Source Type:	Water	Source:	Public	
Source Type:	Food	Source:	Performance	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments