TENNESSEE DEPARTMENT OF HEALTH

A REAL			A PARTY		FOOD SERVICE ESTABLISHMENT INSPECTION REPORT															
Esta	blist	imen	t Nan		Subway							-				Farmer's Market Food Unit Ø Permanent O Mobile	10			
Address 7635 Lee Hwy. Ste.101								Ty	pe of	Establ	ishm	O Temporary O Seasonal				/				
			01	1:1	0 F	M	A	M/F	мт	me o	и 01:40: РМ АМ/РМ									
Insp	untin	n Da	te		07/27/20	23 Establishmen														
					Routine	O Follow-up	O Complaint			- O Pro						nsultation/Other				_
Purpose of Inspection Risk Category			01	3122 O3										Number of S	io ats	25				
1.Jan	Con		isk F	acto	ors are food pr	eparation practice	s and employee		vior	8 mo				y rep	orte	d to the Centers for Disease Contro	ol and Prevent	tion	_	
				as c	ontributing fac											control measures to prevent illnes	is or injury.			
		(He	rix der	lgnat	ed compliance sta											sach item as applicable. Deduct points for ca	degory or subcate	gory.)		
IN	in c	ompīla	nce		OUT=not in complia Con	ed I COS	R)S=co	rrecte	ed on-	site dur	ing in:	spection R=repeat (violation of the : Compliance Status			R	WT			
Т	IN	ουτ	NA	NO		Supervision						IN	ou	T NA	NO	Cooking and Reheating of Time/Te	emperature			
1	黨	0			Person in charge performs duties	present, demonstrate	s knowledge, and	0	0	5	16	0	0			Control For Safety (TCS) For Proper cooking time and temperatures	eods	0	0	
			NA			Employee Healt										Proper reheating procedures for hot holding	ng .	00	ŏ	5
23	훐	8			Management and food employee awareness: reporting Proper use of restriction and exclusion		005				IN	ou	T NA	NO	Cooling and Holding, Date Marking, a Public Health Control					
H	IN		NA			ood Hygienic Pract						0			1 0 0	Proper cooling time and temperature		0	0	
4 5	X	응				sting, drinking, or toba m eyes, nose, and mo		0	8	5					0	Proper hot holding temperatures Proper cold holding temperatures		0	0	
	IN	OUT	NA	NO	Preven	ting Contamination						X			0	Proper date marking and disposition		ŏ	0	°
6 7	風風	0	0		Hands clean and No bare hand cor	propeny washed ntact with ready-to-eat	foods or approved	0	0 0	5	22	0	0	0	鬣	Time as a public health control: procedure	s and records	0	0	
8			-	-	alternate procedu Handwashing sin	ires followed ks properly supplied a	nd accessible	6		2		_	-	T NA	NO	Consumer Advisory Consumer advisory provided for raw and a	undercooked	_		
	IN	OUT NA NO Approved Source O Food obtained from approved source			23 0 0 28 food			0	0	4										
10	0	0	0	\sim	Food received at	proper temperature			0		24	-	00		NO	Pasteurized foods used, prohibited foods in		0	0	5
11	_	0	×	_		dition, safe, and unad available: shell stock		0	0	5	H ^a	IN	-	-	NO		IN OTHER O	-	~	-
	0 IN		NA	0 NO	destruction Prote	ection from Contam	Instion	0		_	25	0		25		Food additives: approved and properly use	ed	0	0	_
13	0	0	巖		Food separated a	and protected			0			×	0		-	Toxic substances properly identified, store	ed, used	ŏ	ŏ	5
14	_	_	0			faces: cleaned and sa n of unsafe food, retur		0	0	5		IN	-	T NA	NO	Conformance with Approved Pro Compliance with variance, specialized pro		_		
15	8	٥			served			0	0	2	27	0	0	8		HACCP plan		0	0	5
				Goo	d Retail Practi	ices are preventiv	e measures to co	ontro	l the	intr	oduc	ction	n of	patho	gen	s, chemicals, and physical objects	into foods.			
										ar/Al				8						
				00	f=not in compliance Com	pliance Status	COS=come		on-site during inspe R WT			action				R-repeat (violation of the same Compliance Status		COS	R	WT
-	_	OUT				Food and Water						0	TUC			Utensils and Equipment				
21)	0	Wate	r and	d eggs used when ice from approve	d source		0		2	4	5	<u>ہ</u>			onfood-contact surfaces cleanable, properly , and used	aesigned,	0	0	1
30	_	애	Varia	nce c		alized processing meth emperature Control		0	0	1	4	6	0	Warew	ashir	ng facilities, installed, maintained, used, test	t strips	0	0	1
31					cooling methods used; adequate equipment for temperature		0	0	2	4	_	-	Nonfoo	d-cor	ntact surfaces clean		0	0	1	
		contr Plant		properly cooked f	or hot holding		0			4	_		Hot and	d cold	Physical Facilities d water available; adequate pressure		0	0	2	
- 33	3	0	Appr	oved	thawing methods	used		0	0	1	4	9	Õ	Plumbi	ng in	stalled; proper backflow devices		0	0	2
34	_	0 OUT	Then	nome	eters provided and	i accurate d identification		0	0	1		_				d waste water properly disposed es: properly constructed, supplied, cleaned		0	0	2
35	_	_	Food	prop		al container; required	records available	0	0	1		_	_			use properly disposed; facilities maintained		ō	ō	1
		Prevention of Feed Contamination			-		-			-		-	lities installed, maintained, and clean		0	0	1			
36 O Insects, rodents, and anima		dents, and animal	is not present		0	0	2	5	4	0	Adequi	ate ve	entilation and lighting; designated areas use	id bi	0	0	1			
37	'	0	Cont	amina	ition prevented du	iring food preparation,	storage & display	0	0	1		c	тис			Administrative items				
31	_				leanliness	and stored		0	0	1		_			-	mit posted		00	2	0
35	_				ths; properly used ruits and vegetable			8	8		F	6	0	wrost re	scent	inspection posted Compliance Status				WT
		OUT			Prope	or Use of Utensils			· · ·			1		0		Non-Smokers Protection A				
4	_				nsils; properly stor guipment and line	red ms; properly stored, dr	ied, handled	8	8	1		7 8				with TN Non-Smoker Protection Act oducts offered for sale		Š	읭	0
	1					ticles: nonerly stored		õ		-		a 🗌				roducts are eald NSDA survey completed		~		

vocation of your foo mit in a conspicuou on of your fo n of an ide ntical risk factor may result in revoc dt in se ds shall be corre чp report in a conspicuous manner. You have the right to request a he 68-14-708, 68-14-709, 68-14-711, 68-14-715, 68-14-716, 4-5-320. ithin ten (10) days of the date of thi earing reg waiti th the C 0 4-706

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07/27/2023

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07/27/2023

Signature of Person In Charge

44 O Gloves used properly

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Date Signature of Environmental Health Specialist

Date

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

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

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway Establishment Number #: 605263082

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.	
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 (Fahrenheit)							
Triple sink	QA	200								

Equipment Temperature	
Description	Temperature (Fahrenheit)
Prep bar cooler	37
Walk in cooler	37
Drive thru cooler	39

State of Food	Temperature (Fahrenheit)
Cold Holding	38
Cold Holding	39
Cold Holding	38
Cold Holding	39
Hot Holding	158
Cold Holding	37
Cold Holding	39
	Cold Holding Cold Holding Cold Holding Cold Holding Hot Holding Cold Holding



Establishment Information

Establishment Name: Subway

Establishment Number : 605263082

Comments/Other Observations

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

2: (IN): an emloyee 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: (IN): 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: (IN): 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: (NA): 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: (NO): no cooling of TCS foods observed.
- 19: (IN): See temperatures.

20: (IN): 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.

***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: Subway

Establishment Number: 605263082

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Subway

Establishment Number #: 605263082

Sources				
Source Type:	Food	Source:	PFG	
Source Type:	Water	Source:	Public	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments