

City

# TENNESSEE DEPARTMENT OF HEALTH FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

SCORE

O Farmer's Market Food Unit Firehouse Subs Remanent O Mobile Establishment Name Type of Establishment Address

1820 Gunbarrel Rd., STE 700 O Temporary O Seasonal Chattanooga Time in 01:10 PM AM / PM Time out 01:50; PM

02/26/2024 Establishment # 605205391 Embargoed 0 Inspection Date

O Follow-up Purpose of Inspection **K**Routine O Complaint O Preliminary O Consultation/Other О3

Number of Seats 45 Risk Category Follow-up Required 级 Yes O No

IN	<b>≱</b> -in c	ompli	ance		OUT=not in compliance NA=not applicable NO=not observ			
_	_	_	_		Compliance Status	cos	R	WT
	IN	оит	NA	NO	Supervision			
1	鼷	0			Person in charge present, demonstrates knowledge, and performs duties	0	0	5
	IN	OUT	NA	NO	Employee Health			
Σ	380	0			Management and food employee awareness; reporting	0	0	
3	寒	0			Proper use of restriction and exclusion	0	0	5
Ī	IN	OUT	NA	NO	Good Hygienic Practices	$\Box$		
П	X	0		0	Proper eating, tasting, drinking, or tobacco use	0	0	
П	*	0		0	No discharge from eyes, nose, and mouth	0	0	l °
	IN	OUT	NA	NO	Preventing Contamination by Hands			
3	100	0		0	Hands clean and properly washed	0	0	
7	釵	0	0	0	No bare hand contact with ready-to-eat foods or approved alternate procedures followed	0	0	5
П	0	26			Handwashing sinks properly supplied and accessible	0	0	2
1	IN	OUT	NA	NO	Approved Source	T .		
П	黨	0			Food obtained from approved source	0	0	$\Box$
0	0	0	0	×	Food received at proper temperature	0	0	1 1
1	×	0			Food in good condition, safe, and unadulterated	0	0	5
2	0	0	×	0	Required records available: shell stock tags, parasite destruction	0	0	
	IN	OUT	NA	NO	Protection from Contamination			
3	0	0	黨		Food separated and protected	0	0	4
4	×	0	0		Food-contact surfaces: cleaned and sanitized	0	0	5
5	Ħ	0			Proper disposition of unsafe food, returned food not re- served	0	0	2

ш					Compliance Status	cos	R	WT
	IN	OUT	NA	NO	Cooking and Reheating of Time/Temperature Control For Safety (TCS) Foods			
16	0	0	×	0	Proper cooking time and temperatures	0	0	5
17	0	0	0	X	Proper reheating procedures for hot holding	0	0	,
	IN	оит	NA	NO	cooling and Holding, Date Marking, and Time as a Public Health Control			
18	0	0	0	×	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		3%		Food additives: approved and properly used	0	0	- 5
26	黨	0			Toxic substances properly identified, stored, used	0	0	,
	IN	OUT	NA	NO	Conformance with Approved Procedures	Conformance with Approved Procedures		
27	0	0	冥		Compliance with variance, specialized process, and HACCP plan	0	0	5

### ons, chemicals, and physical objects into foods.

			GOO		
		OUT=not in compliance COS=corr			
		Compliance Status	cos	R	W
	OUT				
28	0	Pasteurized eggs used where required	0	0	Ι,
29		Water and ice from approved source	0	0	
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	1
34	0	Thermometers provided and accurate	0	0	Г
	OUT	Food Identification			
35	0	Food properly labeled; original container; required records available	0	0	•
	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	1
38	0	Personal cleanliness	0	0	Г
39	1992	Wiping cloths; properly used and stored	0	0	
40	0	Washing fruits and vegetables	0	0	-
	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	1
43	0	Single-use/single-service articles; properly stored, used	0	0	r
44	0	Gloves used properly	0	0	

ignature of Person In Charge

pecti		R-repeat (violation of the same code provision Compliance Status	COS	R	W
	OUT	Utensils and Equipment	1		
45	0	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	0	0	1
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	- 7
50	0	Sewage and waste water properly disposed	0	0	- 2
51	0	Toilet facilities: properly constructed, supplied, cleaned	0	0	_
52	0	Garbage/refuse properly disposed; facilities maintained	0	0	٠
53	0	Physical facilities installed, maintained, and clean	0	0	
54	0	Adequate ventilation and lighting; designated areas used	0	0	
	OUT	Administrative Items	Т		
55	0	Current permit posted	0	0	П
56	0	Most recent inspection posted	0	0	
		Compliance Status	YES	NO	W
		Non-Smokers Protection Act			
57		Compliance with TN Non-Smoker Protection Act	- 100	0	
58		Tobacco products offered for sale	0	0	١ ١
59		If tobacco products are sold, NSPA survey completed	0	0	

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

02/26/2024

Date Signature of Environmental Health Specialist

02/26/2024 Date

\*\*\*\* 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: Firehouse Subs
Establishment Number #: 1605205391

# 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 ( Fahrenheit)				
Sani bucket Triple sink	QA QA	150 200					

Temperature ( Fahrenheit)

Food Temperature					
Description	State of Food	Temperature ( Fahrenheit)			
Cooked chicken	Cold Holding	39			
Cooked beef	Cold Holding	41			
Sliced cooked beef - reach in 1	Cold Holding	41			
Mac & cheese	Cold Holding	40			
Cut tomatoes prep top	Cold Holding	41			
Coleslaw	Cold Holding	40			
Sliced tomatoes	Cold Holding	39			
Cut tomatoes - reach in 2	Cold Holding	38			
Chili - steam well 1	Hot Holding	188			
Meat balls - cooked	Hot Holding	182			
Cut lettuce - Prep top 2	Cold Holding	41			
Reach in 3 - cooked chicken	Cold Holding	38			
Cooler 3 - sliced tomatoes	Cold Holding	38			
Sliced deli meat	Cold Holding	41			
Cut chicken cooked - reach in 4	Cold Holding	40			

Observed Violations
Total # 2
Repeated # ()
8: Hand washing sink in back stock area blocked by cutting board inhibiting use. Keep all Hanswashing sinks clear and available for use.
39: Wet wiping cloth stored on food prep counter. Keep wet coths inside sani
buckets when not in use.

<sup>\*\*\*</sup>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: Firehouse Subs Establishment Number: 605205391

# Comments/Other Observations

- 1: (IN): ANSI Certified Manager present.
- (IN)Management aware of Foodborne illness policy.
- 3: (IN) There are no food workers observed working with specific reportable symptoms or illnesses.
- 4: (IN) Employee drinking from an approved container which is stored properly.
- 5: (IN) No employees exhibiting persistent coughing, sneezing, runny nose, or watery eyes.
- 6: (IN) Observed proper handwashing by employees.
- 7: (IN) Employees are observed using suitable utensils or gloves to prevent bare hand (or arm) contact with ready-to-eat foods.
- 9: (IN) Food obtained from an 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: (NA) no raw animal foods cooked at establishment.
- 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) observed proper holding temperatures.
- 20: (IN) proper cold holding 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.

<sup>\*\*\*</sup>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: Water	Source:	Public					
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Source Type:	Source:						
Additional Comments							