TENNESSEE DEPARTMENT OF HEALTH TARLIQUMENT ING

	CARC -						FOOD	SERVICE	ESTA	BL	151	IMI			N5	PEC		UN	NREPORT				_
10	6-1) (144.	See.		Charley's Grilled Subs						O Farmer's Market Food Unit Type of Establishment Ø Permanent Ø Mobile						ſ)					
Estat		nem	t Nar		2100 H	amilto	on Pl Bl	vd					_	Ту;	pe of	Establ	ishme	ent		Тſ	J]
Addr	155				Chattan					11	·11	5Δ	M						O Temporary O Seasonal 11:45.ΔM				
City																							
Inspe					05/13/2021 Establishment # 605224616 Embergoed 0																		
Purp				ion	Routine		O Follow-	up O	Complaint			O Pr	elimin	ary		C	Co	nsult	itation/Other				
Risk	Cat			act	01	od pres	322 Traffica ar	O A bee ended	*	hake		04	-		noni				Required O Yes 🗮 No o the Centers for Disease Cont	Number of S		0	_
		_		as c	ontributin	ig facto	rs in food	borne illness	outbreak	s. P	ublic	He	alth I	nte	rver	tions	are	COL	ontrol measures to prevent illn	ess or injury.			
			rir da	dene	ed compliant	ce status	FO	ODBORNE ILL	NESS RIS	SK F	ACT	ORS			BLIC art C	HEA	ЦТН	IN	ITERVENTIONS h liom as applicable. Deduct points for	alabory or subcata			
IN-	in ca	ompli					e NA=not		-not observe							site dur							
		0.117				Comp	liance Sta			COS	R	WT		_	-	_			Compliance Status		cos	R	WT
-	-		NA	NO	Person in cl	hame on	Supervi:	nstrates knowled	ce and			_		IN	001	T NA	NO	°	Cooking and Reheating of Time/ Control For Safety (TCS)				
	×	0	NA	100	performs du	uties			ge, and	0	0	5	16	凉 0	8				oper cooking time and temperatures oper reheating procedures for hot hok	6.0	0	읽	5
2			nea	NO	Manageme		Employee od employee	e awareness; rep	orting	0	0							_	coling and Holding, Date Markin		-		
	~	0			Proper use		tion and exc			0	0	5		IN	out		NO		a Public Health Contr	ol	-	- 1	
4			NA		Proper eatin		d Hyglenic a. drinkina.	Practices or tobacco use		0	0			8		_	_		oper cooling time and temperature oper hot holding temperatures		0	0	
5 2	3	0	NA	0	No discharg	ge from e	yes, nose, a		-	0	0	<u> </u>	20	22	0	0		Pro	oper cold holding temperatures oper date marking and disposition		0	8	5
	X	0	144		Hands clear	in and pro	operly wash	ed		0	0		22		6			-	me as a public health control: procedu	res and records	ŏ	ŏ	
	×	0	0	0	alternate pr	rocedures	s followed	-to-eat foods or a		0	0	5		_	out	T NA	-		Consumer Advisory		-	- 1	
8)	N N	0 001	NA	NO	Handwashir		properly sup Approved 3	plied and access	ible	0	0	2	23	0	0	氮		Cor food	onsumer advisory provided for raw an od	d undercooked	0	0	4
			0	~			approved so			0	0			IN	OUT	-	NO	-	Highly Susceptible Popul			_	
11	×	ŏ	Ŭ		Food in goo	od condit	ion, safe, an	d unadulterated		ŏ	ŏ	5	24	0	0	×		Pas	asteurized foods used; prohibited food	s not offered	0	٥	5
	<u> </u>	0	×	0	destruction			l stock tags, para	site	0	0			IN	our		NO		Chemicals				
13 2			NA	NO	Food separ			ontamination		0	0	4		0 炭	8	X	J	<u> </u>	ood additives: approved and properly u xxic substances properly identified, sto		8	응	5
14)	×	0	0					and sanitized d, returned food n	not en	-	0	5		IN		T NA	NO	_	Conformance with Approved I			_	
15 3	8	0			served	Asiaon o	r unsale 100	a, returned 100a h	lot ne-	0	0	2	27	0	0	2			ompliance with variance, specialized p ACCP plan	rocess, and	0	0	5
				Goo	d Retail P	ractice	s are pre-	ventive measu	res to co	ntro	l the	intr	oduc	tion	of	patho	gens	s, cl	chemicals, and physical object	s into foods.			
										GOO	DR	TTA	L PR	ACT	TICE	83							
				00	T=not in comp		iance Sta	tus	COS=correc	cted o	R R	during WT	inspe	ction					R-repeat (violation of the sar Compliance Status		COS	R	WT
	_	OUT				Safe F	ood and W				<u> </u>			0	TUC				Utensils and Equipment				
28 29		0	Wate	r and	d eggs used lice from ap	proved s	ource			0	00	Ż	45	5					pod-contact surfaces cleanable, prope id used	ly designed,	0	0	1
30	_	0 001	Varia	nce o			ed processir perature (0	0	1	46	-	o	Warew	ashin	ig fac	acilities, installed, maintained, used, to	st strips	0	0	1
31		0	Prop					uipment for temp	erature	0	0	2	47	_		Nonfoo	d-cor	ntact	ct surfaces clean		0	0	1
32	+	0			properly cod	oked for	hot holding			0	0	1	48	_		Hot and	d cold	i wat	Physical Facilities ater available; adequate pressure		0	ত	2
33 34	_				thawing met eters provide					0	0	1	49	_	_				led; proper backflow devices aste water properly disposed		0	0	2
	_	OUT	The	150114	ners provide		Identificat	lon		Ŭ		<u> </u>	51	_	-				properly constructed, supplied, cleane	d	ŏ	ŏ	1
35		0	Food	prop	erly labeled;	original	container; re	quired records av	vailable	0	0	1	52	2	o	Garbag	je/ref	use ;	e properly disposed; facilities maintain	ed	0	0	1
	-	OUT						amination		-			53	_	-				es installed, maintained, and clean		0	0	1
36	+	-			dents, and a					0	0	2	54	÷	-	Adequa	ste ve	entria	lation and lighting; designated areas u	sed	0	0	1
37	_					ted durin	g food prepa	aration, storage &	display	0	0	1			TUC	-		14	Administrative items			6	
38		-	-		leanliness ths; properly	y used ar	nd stored			0	0	1	55		-		-		posted pection posted		0	0	0
40	_				ruits and veg	getables	Use of Ute			0		1			_				Compliance Status Non-Smokers Protection	Act	YES		WT
41		0			nsils; proper	ily stored					0	1	57						th TN Non-Smoker Protection Act		X	읽	_
42		0	Singl	e-use	/single-servi			ored, dried, handl stored, used	ed		0	1	58 59						cts offered for sale ucts are sold, NSPA survey completed	1	0	00	0
44	-				ed properly					0	0	1											
servic		tablis	hmen	t perm	nit. Items iden	ntified as a	constituting in	mminent health haz	rards shall be	e corre	cted is	mmed	ately o	er op	eratio	ms shall	l ceas	ie. Ye	speated violation of an identical risk factor You are required to post the food service	establishment permit	in a c	onspi	cuous
								uous manner. You 9, 68-14-711, 68-14-				c a hei	nng n	gard		nes repo	et by I	ating	g a written request with the Commissione	within ten (10) days	of the	date	or this

Enon

05/13/2021

Signature of Person In Charge

.3/2021		ρ
Date	Signature of	Enviro

alth Specialist

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05/13/2021

SCORE

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v	au	e	

**** 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: Charley's Grilled Subs Establishment Number #: 605224616

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)						
3 sink	Quat	300							

-quipment l'emperature								
Description	Temperature (Fahrenheit)							

Food Temperature Decorption	State of Food	Temperature (Fahrenheit)
Cut lettuce	Cold Holding	40
Pepperoni	Cold Holding	38
Turkey	Cold Holding	37
Beef	Cooking	170
Raw bacon	Cold Holding	37
Cut lettuce	Cooling	45

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Charley's Grilled Subs

Establishment Number : 605224616

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: Hands washed

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: Approved

- 10: (NO): No food received during inspection.
- 11: (IN) All food was in good, sound condition at time of inspection.
- 12: (NÁ) 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: (IN) All raw animal foods cooked to proper temperatures.
- 17: (NO) No TCS foods reheated during inspection.
- 18: Cooling correctly.
- 19: (NO) TCS food is not being held hot during inspection.
- 20: See food temps
- 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: Charley's Grilled Subs Establishment Number : 605224616

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Charley's Grilled Subs

Establishment Number #: 605224616

Sources				
Source Type:	Water	Source:	Tnam	
Source Type:	Food	Source:	Summerset	
Source Type:		Source:		
Source Type:		Source:		
Source Type:		Source:		

Additional Comments