TENNESSEE DEPARTMENT OF HEALTH

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			FOOD SERVICE ESTABLISHMENT INSPECTION REPORT								ON REPORT	SCORE								
Establishment Name			t Nar		Subway #30	11									- Brook - C	O Fermer's Market Food Unit	98	Ç	2	
Address					5251 Hwy 153 Type of Establishment O mobile O Temporary O Seasonal															
	030				Chattanooga			02	2.3											
City									2.3			-			me o	ut 03:15: PIVI AM/PM				
Inspe	ectio	n Da	rte		01/04/202	23 Establishment #	60503899	2		-	Emba	irgoe	d 0			L				
Purp	ose	of In	spect	ion	Routine	O Follow-up	O Complaint			O Pr	elimin	ary		c	Cor	nsultation/Other				
Risk	Cat	egor	, ·		O 1	222	03			O 4				Fc	low-	up Required O Yes 鏡 No Nur	mber of Se	ats	38	
		R	isk i	act	ors are food pres	paration practices	and employee	beha	vior	s mo	st c	omm	only	repo	ortec	to the Centers for Disease Control and	Prevent	on	_	
				as c	ontributing fact											control measures to prevent illness or in	njury.			
		(1	rk de	elgnet	ed compliance statu	= (IR, OUT, NA, HO) for e	ach numbered iten	SIC F.	items	mark	AND M OU		INK CO	DB or R	fore	INTERVENTIONS ach liom as applicable. Deduct points for category of	er aubcateg	pery.)		
IN	in co	ompii	ance			ce NA=not applicable	NO=not observe		_)\$ <u>=co</u> r	recte	d on-si	ite duri	ng ins	pection R=repeat (violation of the same co			_	
		OUT	NA	100	Comp	liance Status		cos	R	WT						Compliance Status Cooking and Reheating of Time/Tempera	_	cos	R	WT
\rightarrow	_		NA	NO	Person in charge pr	Supervision resent, demonstrates k	nowledge and					IN	OUT	NA	NO	Control For Safety (TCS) Foods				
	8	٥			performs duties		iomeoge, and	0	0	5		0	0	×		Proper cooking time and temperatures		8	의	5
2			NA	NO	Management and fe	Employee Health ood employee awarene	ss: reporting	0	ТОТ	-	17	0	0	0	22	Proper reheating procedures for hot holding Cooling and Holding, Date Marking, and T		0	0	-
	×	0			Proper use of restri	ction and exclusion		0	0	5		IN	OUT	NA	NO	a Public Health Control				
	_	OUT	NA			d Hygienic Practice						0	0	0		Proper cooling time and temperature		0		_
4	ğ	0				ng, drinking, or tobacco eyes, nose, and mouth	use	8	8	5	19	2	00	0		Proper hot holding temperatures Proper cold holding temperatures		8	8	
	IN	OUT	NA	NO	Preventio	ng Contamination by	y Hands					100	ŏ	ŏ		Proper date marking and disposition		ŏ	ŏ	5
_		0			Hands clean and pr	roperly washed act with ready-to-eat foo	de or approved	_	0	5	22	0	0	×	0	Time as a public health control: procedures and n	ecords	0	0	
	邕	0	0	0	alternate procedure	is followed		0	0			IN	OUT	NA	NO	Consumer Advisory				
8	N IN	읈	NA	NO	Handwashing sinks	Approved Source	accessible	0	0	2	23	0	0	黛		Consumer advisory provided for raw and underco food	oked	0	0	4
9	×	0			Food obtained from	approved source			0			IN	OUT	NA	NO	Highly Susceptible Populations			_	
10 11	0	0	0	×	Food received at pr Food in good condi	roper temperature tion, safe, and unadulte	rated	8	8	5	24	0	0	22		Pasteurized foods used; prohibited foods not offer	red	0	0	5
	_	ō	×	0	Required records a	vailable: shell stock tag		ō	ō			IN	OUT	NA	NO	Chemicals				
			NA	NO	destruction Protec	tion from Contamin	ation				25	0	0	X		Food additives: approved and properly used			ा	
			8		Food separated and				0		26	<u>R</u>		NA	10	Toxic substances properly identified, stored, used		0	0	•
		0	0			ces: cleaned and sanitiz of unsafe food, returned		0	0 0	5	27	_	001	22	NO	Conformance with Approved Procedur Compliance with variance, specialized process, a	ed.	0	0	5
15	~	•			served			<u> </u>	U	-	21	•	<u> </u>	~		HACCP plan		<u> </u>	<u> </u>	0
				Goo	d Retail Practic	es are preventive r	neasures to co	ntro	l the	intr	oduc	tion	of p	atho	gens	, chemicals, and physical objects into fe	oods.			
								GOO	D R	ar.	L PR	АСТ	ICE	8						
				00	T=not in compliance	liance Status	COS=corre	cled o	R	during WT	inspe	ction				R-repeat (violation of the same code pr Compliance Status		cosi	R	WT
	_	OUT			Safe F	ood and Water			· · ·			0	UT			Utensils and Equipment				
28					d eggs used where ice from approved :				8		4	5 0				infood-contact surfaces cleanable, properly design and used	ed,	0	0	1
30)	0	Varia		obtained for specializ	zed processing method:	\$	ŏ	ŏ	1	4	6 0				g facilities, installed, maintained, used, test strips		0	0	1
		OUT	_	er co		adequate equipment for	v temperature			-	4		-			ntact surfaces clean		_	0	1
31	'	0	contr	ol			a winpereture	0	0	2	F	_	UT			Physical Facilities		_		
32	_				properly cooked for thawing methods us			8	8	1	4	_				I water available; adequate pressure stalled; proper backflow devices		응	읭	2
34	_				eters provided and a			ŏ	ŏ	1	5					waste water properly disposed		_	허	2
		OUT			Food	Identification					5	1 0	0 T	oilet fa	scilitie	es: properly constructed, supplied, cleaned			0	1
35	5	0	Food	l prop	erly labeled; original	container; required rec	ords available	0	0	1	5	2	0 G	Sarbag	e/refi	use properly disposed; facilities maintained		0	0	1
	_	OUT				f Food Contaminatio	'n				5	_	-			lities installed, maintained, and clean		-	0	1
36	\$	0	Insec	ts, ro	dents, and animals	not present		0	0	2	5	4 (0 A	vdequa	de ve	ntilation and lighting; designated areas used		0	이	1
37	r	0	Cont	amina	ation prevented during	ng food preparation, sto	rage & display	0	o	1		0	υτ			Administrative items				
38	_	-	-		leanliness			0	0	1	5					nit posted		0	0	0
39	_				ths; properly used a ruits and vegetables				8	1	5	9 (0 10	nost re	cent	Compliance Status		O YES		WT
		OUT			Proper	Use of Utensils				_						Non-Smokers Protection Act				
41					nsils; properly stored quipment and liners	d s; properly stored, dried	handled		8		5	8				with TN Non-Smoker Protection Act ducts offered for sale		췽	읭	0
43	5	0	Singl	e-use	single-service artic	les; properly stored, us		0	0	1	5	9				oducts are sold, NSPA survey completed		õ	0	
- 44	1	0	0.00	eo US	ed properly			<u> </u>	0											

Failure to correct any violations of risk factor items within ten (10) days may result in suspension of your food service establishment permit. Repeated violation of an identical risk factor may result in revocation of your food service establishment permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are required to post the food service establishment permit in a conspicuous manner and post the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. sections (-14-703, 68-14-708, 68-14-708, 68-14-715, 68-14-716, 4-5-320.

onder	01/04/2023	XP	01/04/2023		
Signature of Person In Charge	Date	Signature of Environmental Health Specialist	Date		
**** Additional food safety information can be found on our website, http://tn.gov/health/article/eh-foodservice ****					

PH-2267 (Rev. 6-15)	Free food safety training cla	RDA 60		
1192201 (Nev. 0-10)	Please call () 4232098110	to sign-up for a class.	hDr 025

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #3011 Establishment Number #: 605038992

Warewashing Info								
Machine Name	Sanitizer Type	PPM	Temperature (Fahrenheit)					
Three compartment sink	QA	200						

Equipment Temperature					
Description	Temperature (Fahrenheit)				

Food Temperature				
Description	State of Food	Temperature (Fahrenheit)		
Meatballs	Hot Holding	149		
Steak-prep top	Cold Holding	40		
Cooked chicken-prep top	Cold Holding	39		
Tuna salad-prep top	Cold Holding	41		
Sliced tomatoes-prep top	Cold Holding	39		
Deli turkey-2 dr reach in	Cold Holding	40		
Turkey-walk in	Cold Holding	40		
Steak-walk in	Cold Holding	41		

Observed	Violations
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Total #

Repeated # 0

49: Raised janitorial sink has hose attached which leads into sink basin and no backflow prevention device on sink. Install backflow prevention device on sink.

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH FOOD INSPECTION DATA



Establishment Information

Establishment Name: Subway #3011

Establishment Number: 605038992

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: (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.

8: (IN): All handsinks are properly equipped and conveniently located for food employee use.

9: (IN) 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: No raw animal product in facility
- 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: (IN) Hot holding temperatures are held at 135F or above
- 20: (IN) Cold holding temperatures are held at 41F or below
- 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 #3011

Establishment Number : 605038992

Comments/Other Observations (cont'd)

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

Establishment Information

Establishment Name: Subway #3011 Establishment Number # 605038992

Sources			
Source Type:	Food	Source:	Rinehart
Source Type:	Water	Source:	Water is from approved source
Source Type:		Source:	
Source Type:		Source:	
Source Type:		Source:	

Additional Comments