

Food Establishment Inspection Report

Score: 99

Establishment Name: SUBWAY #21949

Establishment ID: 3034011257

Date: 10 / 24 / 2012 Status Code: A

Time In: 01 : 45 am pm Time Out: 03 : 20 am pm

Total Time: 1 hr 35 minutes

Category #: III

Establishment Type: Fast Food Restaurant

Instructions:

1. Fill in the information below for the Food Establishment:

Location Address: 5603 COUNTRY CLUB RD

City: WINSTON SALEM

State: NC Zip: 27104

County: 34 Forsyth

Permittee: HEC AND ASSOCIATES

Telephone: _____

Inspection
 Re-Inspection

Wastewater System:
 Municipal/Community
 On-Site System

Water Supply:
 Municipal/Community
 On-Site System

2. Click/fill the appropriate circle For "IN, OUT, N/A, N/O".
 IN= In Compliance, OUT= Not in compliance
 N/O=Not Observed, N/A= Not Applicable

3. Click/check the appropriate Boxes for CDI and/or R, VR.
 CDI= Corrected During Inspection
 R= Repeat Violation
 VR= Verification Required

4. Continue to page 2 for "Good Retail Practices".

Foodborne Illness Risk Factors and Public Health Interventions							
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.							
Compliance Status				OUT	CDI	R	VR
Supervision .2652							
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties	<input type="radio"/> 2	<input type="radio"/> 0	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Employee Health .2652							
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Management, employees knowledge; responsibilities & reporting	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper use of reporting, restriction & exclusion	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Good Hygienic Practices .2652, .2653							
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper eating, tasting, drinking, or tobacco use	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		No discharge from eyes, nose, and mouth	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656							
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Hands clean & properly washed	<input type="radio"/> 4	<input type="radio"/> 2	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
8	<input type="radio"/> IN	<input checked="" type="radio"/> OUT		Handwashing sinks supplied & accessible	<input type="radio"/> 2	<input checked="" type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Approved Source .2653, .2655							
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food obtained from approved source	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	Food received at proper temperature	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food in good condition, safe & unadulterated	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Required records available: shellstock tags, parasite destruction	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Protection from Contamination .2653, .2654							
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food separated & protected	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Food-contact surfaces: cleaned & sanitized	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT		Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Potentially Hazardous Food Time/Temperature .2653							
16	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooking time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
17	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper reheating procedures for hot holding	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cooling time & temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper hot holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper cold holding temperatures	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Proper date marking & disposition	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Time as a public health control: procedures & records	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Consumer Advisory .2653							
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Highly Susceptible Populations .2653							
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered	<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Chemical .2653, .2657							
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Food additives: approved & properly used	<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Conformance with Approved Procedures .2653, .2654, .2658							
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0 <input type="radio"/> <input type="radio"/> <input type="radio"/>



Food Establishment Inspection Report, continued

Establishment Name: SUBWAY #21949

Establishment ID: 3034011257

Instructions, continued:

5. Click the appropriate circle to fill-in for "IN, OUT, N/A, N/O".

IN= In Compliance, OUT= Not in compliance
N/O=Not Observed, N/A= Not Applicable

6. Click or check the appropriate boxes for CDI and/or R, VR

CDI= Corrected during Inspection
R= Repeat Violation
VR= Verification Required
Calculate the "Total Deductions" and record.

7. Sign and complete "Signature Block".

8. Fill in "No. Of Risk Factor Intervention Violations" and "No. of Repeat Risk Factor Intervention Violations".

9. Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Mickey McNear
Person in Charge (Print)

Mary McNear
Person in Charge (Signature)

Clark Sizemore
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (336) 703 - 3128

Verification Required Date: ___ / ___ / ___

REHS ID: 944 - Sizemore, Clark

No. of Risk Factor/
Intervention
Violations: 1

No. of Repeat Risk
Factor/Intervention
Violations:

Good Retail Practices															
Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Compliance Status								OUT	CDI	R	VR				
Safe Food and Water .2653, .2655, .2658															
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
30	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Variance obtained for specialized processing methods					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control .2653, .2654															
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
32	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Plant food properly cooked for hot holding					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Approved thawing methods used					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometers provided & accurate					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Food Identification .2653															
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled: original container					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657															
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used & stored					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits & vegetables					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Proper Use of Utensils .2653, .2654															
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use & single-service articles: properly stored & used					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Utensils and Equipment .2653, .2654, .2663															
45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Non-food contact surfaces clean					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Physical Facilities .2654, .2655, .2656															
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available; adequate pressure					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed; proper backflow devices					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage & waste water properly disposed					2	1	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained & clean					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
54	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used					1	0.5	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Total Deductions:								1							

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #21949

Establishment ID: 3034011257

Date: 10/24/2012

Location Address: 5603 COUNTRY CLUB RD

Status Code: A

City: WINSTON SALEM State: NC

Category #: III

County: 34 Forsyth Zip: 27104

Email 1: _____

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Email 2: _____

Permittee: HEC AND ASSOCIATES

Email 3: _____

Telephone: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

8 One hand sink did not have soap at beginning of inspection. Corrected during inspection. 6-301.11



Spell



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✓
Spell



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