

Food Establishment Inspection Report

Score: 96

Establishment Name: JERSEY MIKES GIANT SIZED SUBMARINES

Establishment ID: 3034011422

Date: 05 / 07 / 2013 **Status Code:** A

Time In: 02 : 30 ^{am} _{pm} **Time Out:** 04 : 45 ^{am} _{pm}

Total Time: 2 hrs 15 minutes

Category #: IV

Establishment Type: _____

Instructions:

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

Location Address: 2291 CLOVERDALE AVE

City: WINSTON SALEM

State: NC **Zip:** 27103

County: 34 Forsyth

Permittee: NO INK INC

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



Food Establishment Inspection Report, continued

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Establishment ID: 3034011422

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:

First Last
Robin Protokowicz

Person in Charge (Print)


Person in Charge (Signature)

First Last
Scott Steed

Regulatory Authority (Print)


Regulatory Authority (Signature)

Contact Number: (336) 703 - 3141

Verification Required Date: ___ / ___ / ___

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/
Intervention
Violations: 2

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 type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	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 checked="" type="radio"/> IN	<input type="radio"/> OUT	<input 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 type="radio"/> IN	<input checked="" 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 type="radio"/> IN	<input checked="" 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 type="radio"/> IN	<input checked="" 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 type="radio"/> IN	<input checked="" 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:								4							

Comment Addendum to Food Establishment Inspection Report

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Establishment ID: 3034011422

Date: 05/07/2013

Location Address: 2291 CLOVERDALE AVE

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: NO INK INC

Telephone: _____

Status Code: A

Category #: IV

Email 1: _____

Email 2: _____

Email 3: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ham	sandwich unit	43	sauerkraut	small sandwich unit	43	roast beef	wic	41
roast beef	sandwich unit	43	mushrooms	small sandwich unit	41	ham	wic	41
cappacuolo	sandwich unit	41	lettuce	small sandwich unit	44	pepperoni	wic	41
provolone	sandwich unit	41	peppers &	small sandwich unit	41	cheese	wic	41
salami	sandwich unit	41	sliced cheese	small sandwich unit	41	tuna	wic	41
tuna	sandwich unit - bottom	41	potato salad	small sandwich unit -	39	chicken	cook temp	211
lettuce	sandwich table	45	grilled chicken	small sandwich unit -	41	hot water	3 compartment sink	134
meatballs	steam unit	157	breaded	small sandwich unit -	41			

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.

- 20 The tomatoes in the sandwich table ranged from 44-50F. All cold food must be 45F or below at all times during holding.
- 21 In the walk-in cooler, there was some roast beef, pre-cooked chicken, tuna salad and meatballs that were not dated. All potentially hazardous foods must be date marked with the date of opening/preparation/ thawing.
- 39 All cloths used for wiping food prep surfaces must be kept in sanitizer between uses and stored above the floor. Additionally, any towels used for cleaning raw meat must be kept separate from the other towels.
- 45 Replace the torn gasket on the walk-in freezer. / There is a crack in the corner of the wash compartment and prep sink that needs repair. / Replace the damaged shelves over the three compartment sink and one more in the walk-in cooler. /



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47 Cleaning is needed between the prep table, prep sink and splash guard. Cleaning is also needed on the dry storage racks.

52 The doors were left open on the dumpster. The dumpster doors must be kept closed when not in use.



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✓
Spell



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✓
Spell

