Food Establishment Inspection Report

Score: 99.5

Establishment Name: SUBWAY RESTAURANT #23464 Establishment ID: 3034011442

Date: 11 / 30 / 2012 Status Code: A

Time In: 01 : 50 ○ am ⊗ pm Time Out: 03 : 15 ○ am ⊗ pm

Total Time: 1 hr 25 minutes

Category #: III

Establishment Type: Fast Food Restaurant

Instructions:

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

Location Address: 4621 YADKINVILLE RD

City: PFAFFTOWN

State: NC Zip: 27040

County: 34 Forsyth

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

Food Establishment Inspection Report, continued

Establishment Name: SUBWAY RESTAURANT #23464 Establishment ID: 3034011442

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:

Sheree Wood
Person in Charge (Print)

Sheree Wood
Person in Charge (Signature)

Christy Allred
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (____) ____ - _____

Verification Required Date: ___ / ___ / _____

REHS ID: 1958 - Allred, Christy

No. of Risk Factor/ Intervention Violations: 0

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

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY RESTAURANT #23464

Establishment ID: 3034011442

Date: 11/30/2012

Status Code: A

Category #: III

Email 1:

Email 2:

Email 3:

Location Address: 4621 YADKINVILLE RD

City: PFAFFTOWN State: NC

County: 34 Forsyth Zip: 27040

Wastewater System: ⊗ Municipal/Community ○ On-Site System

Water Supply: ⊗ Municipal/Community ○ On-Site System

Permittee: PARRISH INC

Telephone:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
broccoli	warmer	145	turkey	walk-in cooler	37			
meat balls	warmer	135	air temp	walk-in cooler	37			
meatball	warmer	143	roast beef	walk-in cooler	37			
turkey	make unit	40	hot water	utensil sink	130			
steak	make unit	42	sanitizer in	QA utensil sink	300			
tuna salad	make unit	40						
grilled chicken	thawing in reach-in	28						
buffalo	reach in cooler	39						

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.

Spell

37 0-pts. The handles of the new ladles for the products that used to be weighed and trayed up keep falling down into the food products. Need to find a way of storing the ladles to keep the handles out of the food.

53 There is grease stain on the ceiling in the front part of the kitchen. There is dust on the ceiling tiles and light shields around the AC vents.

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Spell