# Food Establishment Inspection Report

Establishment Name: SUBWAY #7053 Establishment ID: 3034011531

Date: <u>Ø 3</u> / <u>2 8</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: $\underline{10}$ : $\underline{000}^{\otimes}_{\text{pm}}^{\text{am}}$ Time Out: $\underline{12}$ : $\underline{000}^{\otimes}_{\text{pm}}^{\text{am}}$					
Total Time: 2 hrs 0 minutes					
Category #: II					
Establishment Type: Fast Food Restaurant					

#### Instructions:

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

Location Address: 1009 BETHANIA-RURAL HALL ROAD	_						
City: RURAL HALL							
State: NC Zip: 27045							
County: 34 Forsyth							
Permittee: SUBWAY 7053							
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".

North Carolina Department of Health & Human Services ● Division of Public Health Environmental Health Section • Food Protection Program

#### Foodborne Illness Risk Factors and Public Health Interventions

Score: 95

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

	Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Со	mpliance Statu	OUT	CDI	R	VR					
Su	pervision	.2652								
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 2 0	0	0	0				
Em	ployee Health									
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0				
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0	0	0	0				
Go	od Hygienic P	Practices .2652, .2653								
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0				
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0				
Pre		amination by Hands .2652, .2653, .2655, .265								
6	⊗ ○ IN OUT	Hands clean & properly washed	0 0 0 4 2 0	0	0	0				
7	⊗ ○ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	O O O 3 1.5 0	0	0	0				
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	0 0 0 2 1 0	0	0	0				
Ар	proved Sourc	e .2653, .2655								
9	⊗ ○ IN OUT	Food obtained from approved source	○ ○ ○ 2 1 0	0	0	0				
10	O O & IN OUT N/O	Food received at proper temperature	○ ○ ○ 2 1 0	0	0	0				
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 1 0 $	0	0	0				
12	O O & O IN OUT N/A N/O	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0					
Pro		Contamination .2653, .2654								
13	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	Food separated & protected	O O O 3 1.5 0	0	0	0				
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized  Proper disposition of returned, previously served,	○ <b>⊗</b> ○ 3 1.5 0	8	0	0				
15	⊗ ○ IN OUT	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0					
Po		rdous Food Time/Temperature .2653								
16	O O S O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0				
17	O O S O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0				
	O O S IN OUT N/A N/O	Proper cooling time & temperatures	3 1.5 0	0	0	0				
10	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0	0	0	0				
$\vdash$	O & O O	Proper cold holding temperatures	○ ○ <b>⊗</b> 3 1.5 0	8	0	0				
	O O O IN OUT N/A N/O	Proper date marking & disposition	3 1.5 0	0	0	0				
22	O O S O IN OUT N/A N/O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0				
Со	nsumer Advis		0 -							
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0	0	0	0				
Hig		ole Populations .2653	0.0							
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0				
Chemical .2653, .2657										
25	O O S IN OUT N/A	Food additives: approved & properly used	1 0.5 0	0	0	0				
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	0 0 0		0	0				
Со		th Approved Procedures .2653, .2654,								
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0				

### Food Establishment Inspection Report, continued

I	nstr	uction	s co	ntini	ıed.
ı	11211	uGuon	5. LU		uea.

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

- 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".
- 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 Lou Ann Last Humphries

Person in Charge (Print)

Person in Charge (Signature)

Kenneth

Last Michaud

Regulatory Authority (Print)

Kemell Hichard RETE

Regulatory Authority (Signature)

Contact Number:

Verification Required Date: \_\_\_/\_\_\_/

REHS ID: 2259 - Michaud, Kenneth

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 CDI R .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 0 0 0 0 0 29 Water and ice from approved source OUT O O & IN OUT N/A Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653...2654 0 0 0 ⊗ IN OUT Proper cooling methods used; adequate equipment for 0 0 temperature control 8 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 0 8 $\circ$ 33 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 36 ⊗ OUT **8** C OIN Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display O O O 1 0.5 0 OUT 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 39 Wiping cloths: properly used & stored 0 0 0 OUT ○ ○ ○ 1 0.5 0 40 Washing fruits & vegetables 0 0 Proper Use of Utensils .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 0 0 41 In-use utensils: properly stored 080 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 ΙŇ OUT 1 0.5 0 Single-use & single-service articles: properly 0 0 43 0 OUT 1 0.5 0 stored & used ⊗ IN OUT $\overline{000}$ Gloves used properly 0 0 44 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 ⊗ OUT ○ ⊗ ○ 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips 0 0 0 1 0.5 0 OUT 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ 2 1 0 OUT Hot & cold water available; adequate pressure 0 0 0 48 ⊗ IN OUT 49 0 0 0 Plumbing installed: proper backflow devices 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed $\bigcirc$ IN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Toilet facilities: properly constructed, supplied 51 0 0 0 OUT 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 0 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ OUT Meets ventilation & lighting requirements; 54 0 0 0

North Carolina Department of Health & Human Services ● Division of Public Health
Environmental Health Section ● Food Protection Program

**Total Deductions:** 

	Comment	Addend	dum to F	ood	Establis	hmen	t Inspec	tion Report		
Establishment Name: SUBWAY #7053				Establishm	ent ID:	3034011531	Date: 03/28/2013			
Location Address: 1009 BETHANIA-RURA City: RURAL HALL			L HALL ROAD State: NC					Status Code: A Category #:		
	County: 34 Forsyth Zip: 270 Wastewater System:   Municipal/Community							Email 1:		
								Email 2:		
	er Supply: ⊗ мы mittee: _ <sup>SUBWAY 7053</sup> _	unicipal/Commun	ity On-Site Sy	stem				Email 3:		
	phone:							Liliali 3.		
			Tempe	rature	Observati	ons				
Item Meatball	Location Is Steam unit	Temp 142	Item Tuna	Location Walk in	on n cooler	Temp 40	Item	Location	Temp	
Grilled	Steam unit	188								
Buffalo	Make unit	49	Hot water		compartment si					
Ham	Make unit	45	Quat sanitizer	Dispen	ser in ppm	300				
Turkey	Make unit	44								
Sliced	Make unit	43								
Spinach Sliced	Make unit Walk in cooler	41 39								
Olicca	Walk III Coolei		 Observation	c and	Corrective	Action				
	Violations cited in this r							5.11 of the food code.		
must 4-60	1.115 Manual Warewashin have sanitizer present dur 2.11 Equipment Food-Cont and sanitize nozzles as o	ring hours of o tact Surfaces	peration - made and Utensils-Fre	e sanitize equency	er from dispens - Soda fountair	er which w n nozzles o	as 300 ppm contained alot c	· of slime build-up - thorouç		
holdi	1.16 (A)(2) and (B) Potentiing temp - all cold holding it pan from walk in cooler									
37 3-30: the fl	5.12 Food Storage, Prohibi oor	ited Areas - Bo	ox of peppers st	ored on	floor of walk in	cooler - m	ake sure all bo	xes and food items are s	tored off	
42 4-90	1.11 Equipment and Utens	ils, Air-Drying	Required - Tho	roughly a	air dry all utens	ils and par	ns, especially be	efore stacking		

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program



## Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #7053 Establishment ID: 3034011531

#### **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.



- 45 4-101.19 Nonfood-Contact Surfaces; Repair leak from supply lines to chemical dispenser over three compartment sinks so they do not leak; Repair caulk that is worn and moldy behind backsplash of three compartment sink; Replace oxidized racks over three compartment sink
- 51 5-203.12 Toilets and Urinals Clean restrooms as often as necessary, especially under men's urinal 5-501.17 Toilet Room Receptacle, Covered Women's restroom must have covered trash receptacle
- 6-403.11 Designated Areas-Employee Accommodations for eating / drinking/smoking Employee clothes found stored on food rack next to bags of vegetables make sure employee items are stored in designated areas not making contact with food prep areas

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #7053 Establishment ID: 3034011531

### **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.





# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #7053 Establishment ID: 3034011531

### 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.



