# Food Establishment Inspection Report

Score: 98

Establishment Name: SUBWAY 38399 Establishment ID: 3034011807

Date: 02 / 13 / 2013 Status Code: A

Time In: 02 : 45 ○ am ⊗ pm Time Out: 05 : 00 ○ am ⊗ pm

Total Time: 2 hrs 15 minutes

Category #: II

Establishment Type:

Instructions:

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

Location Address: 2522 SOMERSET CENTER DRIVE

City: WINSTON SALEM

State: NC Zip: 27103

County: 34 Forsyth

**Permittee:** SOMERSET SUBWAY 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 38399 Establishment ID: 3034011807

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:

Laura Erazo
Person in Charge (Print)

Laura Erazo
Person in Charge (Signature)

Scott Steed / Carla Day
Regulatory Authority (Print)

Scott Steed REHS / Carla Day
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 | ⊗ 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: | 2 | | | |

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY 38399

Establishment ID: 3034011807

Date: 02/13/2013

Status Code: A

Category #: II

Email 1:

Email 2:

Email 3:

Location Address: 2522 SOMERSET CENTER DRIVE

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:** SOMERSET SUBWAY INC

**Telephone:**

## Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|---|---|---|---|---|---|---|---|---|
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## 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

2 An employee health policy agreement must be in place and each employee must be informed and aware of the policy requirements.

20 In the sandwich unit, steak was 51-54F, chicken strips 45-52F and cold cuts were 45-50F. All cold food items must be 45F or below at all times during cold holding. Do not overfill containers. The steak was voluntarily discarded by the manager and the other items were placed in the walk-in coooler to cool properly.

52 The cardboard dumpster was left open. There is a lot of debris around the dumpsters. Keep dumpster door closed when not in use and clean the area.

53 Re-attach baseboard under the 3 comparmtent sink and by the register. / Paint bare wood that baseboard is attached to on the front cabinet.

# Comment Addendum to Food Establishment Inspection Report

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