Food Establishment Inspection Report

Establishment Name: SUBWAY 2230 Establishment ID: 3034011808

Date: <u>Ø 4</u> / <u>2 6</u> / <u>2 Ø 1 3</u> Status Code: A
Time In: $02:45 \otimes_{pm}$ am Time Out: $04:15 \otimes_{pm}$
Total Time: 1 hr 30 minutes
Category #: II
Establishment Type:

Instructions:

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

Location Address: 66	60 HANES MALL BLVD						
City: WINSTON SALE	M						
State: NC	Zip:						
County: 34 Forsyth							
Permittee: PAVILION	IS SUBWAY, INC.						
Telephone:							
⊗Inspection							
○Re-Inspection							
Wastewater System:							
	ınity						
○On-Site System							
Water Supply:							
⊗Municipal/Commu	ınity						
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: 100

Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.

Public Health Interventions: Control measures to prevent foodborne illness or injury.											
Со	mpliance Statu	OUT	CDI	R	VR						
Supervision .2652											
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 2 0	0	0	0					
En	Employee Health .2652										
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 3 1.5 0	8	0	0					
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0					
Go	Good Hygienic Practices .2652, .2653										
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	0 0 0 2 1 0	0	0	0					
5	Ø ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0					
Pre	eventing Cont	amination by Hands .2652, .2653, .2655, .2656	6								
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	○ ○ ○ 3 1.5 0	0	0	0					
8	⊗ ⊖ IN OUT	Handwashing sinks supplied & accessible	O O O 2 1 0	0	0	0					
Ap	proved Sourc	e .2653, .2655									
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0					
10	O O S IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 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	Required records available: shellstock tags, parasite destruction	$ \bigcirc $	0	0	0					
Pro	otection from	Contamination .2653, .2654									
13	O O 🗞 O	Food separated & protected	0 0 0 3 1.5 0	0	0	0					
14	⊗ ○ IN OUT	Food-contact surfaces: cleaned & sanitized	○ ○ ○ 3 1.5 0	0	0	0					
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	O O O 2 1 0	0	0	0					
Po	tentially Haza	rdous Food Time/Temperature .2653									
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0					
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0					
18	OOO ⊗ IN OUT N/A N/O	Proper cooling time & temperatures	O O O 3 1.5 0	0	0	0					
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 3 1.5 0	0	0	0					
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	○ ○ ○ 3 1.5 0	0	0	0					
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	○ ○ ○ 3 1.5 0	0	0	0					
22	O O & O	Time as a public health control: procedures & records	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0					
Со	nsumer Advis	sory .2653									
23	O O & IN OUT N/A	Consumer advisory provided for raw or undercooked foods	0 0 0 1 0.5 0	0	0	0					
Hi	ghly Susceptil	ole Populations .2653									
24	O O S IN OUT N/A	Pasteurized foods used; prohibited foods not offered	0 0 0 3 1.5 0	0	0	0					
Ch	emical	.2653, .2657									
25	⊗ ○ ○ IN OUT N/A	Food additives: approved & properly used	0 0 0 1 0.5 0	0	0	0					
26	⊗ ○ ○ IN OUT N/A	Toxic substances properly identified stored, & used	$ \bigcirc\bigcirc\bigcirc\bigcirc$	0	0	0					
Со	Conformance with Approved Procedures .2653, .2654, .2658										
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	0					

Food Establishment Inspection Report, continued

Establishment Name: S	UBWAY 2230	Establishment ID: 30340118
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I	nstr	uctio	ns co	ontin	ned.
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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".
- 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 Luis Carrasco

Person in Charge (Print)

Person in Charge (Signature)

First Scott Last Steed

Regulatory Authority (Print)

Seem Steed Zox5 Regulatory Authority (Signature)

Contact Number: (336) 703 - 3141

Verification Required Date: ___/ ___/

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: ______

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 CD										
		od and V						R	VR	
28	⊗ IN	OUT	Pasteurized eggs used where required) 1 (O 0.5	0	0	0	0	
29	⊗ IN	OUT	Water and ice from approved source) 2	<u> </u>	0	0	0	0	
30		⊃ ⊗ UT N/A	Variance obtained for specialized processing methods		O 0.5	0	0	0	0	
Fo	od Te	mperatu	ure Control .2653, .2654							
31	⊗≅	OUT	Proper cooling methods used; adequate equipment for temperature control) 1 ().5		0	0	0	
32	⊗ NO O	O O	Plant food properly cooked for hot holding) 1 (O 0.5		0	0	0	
33	⊗ O IN OUT	O O	Approved thawing methods used) 1 (O 0.5	0	0	0	0	
34	⊗ IN	OUT	Thermometers provided & accurate) 1 ().5		0	0	0	
Fo		entificat	ion .2653							
35	⊗ IN	OUT	Food properly labeled: original container	〇 2	() 1	0	0	0	0	
Pr		-	ood Contamination .2652, .2653, .2654, .265	_	_	$\overline{}$				
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals		1	0	0	0	0	
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	2	1	0	0	0	0	
38	⊗ IN	OUT	Personal cleanliness	1 ().5	-	0	0	0	
39	O IN	⊗ OUT	Wiping cloths: properly used & stored) 1 () 0.5		0	0	0	
40	⊗ IN	OUT	Washing fruits & vegetables) 1 (O 0.5		0	0	0	
Pr	•	Ise of U	tensils .2653, .2654			$\overline{}$				
41	⊗ IN	OUT	In-use utensils: properly stored		0.5	_	0	0	0	
42	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled		0.5	0	0	0	0	
43	8 IN	OUT	Single-use & single-service articles: properly stored & used	1 (0.5	0	0	0	0	
44	⊗ IN	OUT	Gloves used properly).5	0	0	0	0	
Ut			uipment .2653, .2654, .2663			$\overline{}$				
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0	0	0	0	
46	O IN	⊗ OUT	Warewashing facilities: installed, maintained, & used; test strips		0.5	0	0	0	0	
47	⊗ IN	OUT	Non-food contact surfaces clean) 1 (()).5		0	0	0	
Ph	<u>, </u>	Faciliti	es .2654, .2655, .2656							
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	2	1	0	0	0	0	
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	2	1	0	0	0	0	
50	⊗ IN	OUT	Sewage & waste water properly disposed	2	1	0	0	0	0	
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned) 1 (O 0.5		0	0	0	
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained		0.5	0	0	0	0	
53	⊗ IN	OUT	Physical facilities installed, maintained & clean) 1 (O 0.5	0	0	0	0	
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used) 1 (O 0.5	0	0	0	0	
			Total Deductions:	0						

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

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Location Address: 660 HANES MALL BLVD		Status Code: A
City: WINSTON SALEM State: NC		Category #:II
County: 34 Forsyth Zip: 27103		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: PAVILIONS SUBWAY, INC.		Email 3:
Telephone:		

	Temperature Observations									
Item meatballs	Location steam unit	Temp 157	Item salami	Location sandwich unit	Temp 40	Item chicken	Location 3 door worktop fridge	Temp 41		
cold cuts	sandwich unit	45	shredded	sandwich unit	40	tuna	3 door worktop fridge	44		
ham/turkey	sandwich unit	41	lettuce	sandwich unit	40	sliced	3 door worktop fridge	44		
chicken	sandwich unit	44	spinach	sandwich unit	41	lettuce	3 door worktop fridge	44		
tuna	sandwich unit	39	sliced	sandwich unit	41	turkey	wic	43		
roast beef	sandwich unit	41	sliced cheese	2 door reach-in	44	ham	wic	43		
steak	sandwich unit	44	chicken strips	2 door reach-in	44	tuna	wic	43		
chicken strips	sandwich unit	46	cooked eggs	2 door reach-in	44					

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.

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

Wiping cloths that are used for wiping down equipment and surfaces must be maintained in sanitizer at the appropriate strength at all times. Additionally, the containers may not be stored on the floor.

The wash water at the three compartment sink must be maintained at a minimum of 110°F at all times.

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