## Food Establishment Inspection Report

Establishment Name: JIMMY JOHN S GOURMET SANDWICHES Establishment ID: 3034012005

Date: <u>Ø 2</u> / <u>Ø 4</u> / <u>2 Ø 1 3</u> Status Code: A						
Time In: $01 : 45 \otimes_{pm}$ am Time Out: $03 : 45 \otimes_{pm}$ am						
Total Time: 2 hrs 0 minutes						
Category #: II						
Establishment Type:						

#### Instructions:

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

Location Address:_	249 S STRATFORD RD					
City: WINSTON SAI	EM					
State: NC	Zip: <u>27103</u>					
County: 34 Forsyth						
Permittee: TARHE	EL INVESTMENTS LLC					
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

Score: 97.5

**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	s	OUT	CDI	R	VR				
Supervision .2652										
1	O & O IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	○ <b>⊗</b> 2 0	0	0	0				
En	ployee Health	.2652								
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	Good Hygienic 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	O O O 1 0.5 0	0	0	0				
Pre	Preventing Contamination by Hands .2652, .2653, .2655, .2656									
6	O & IN OUT	Hands clean & properly washed	○ ○ <b>⊗</b> 4 2 0	8	0	0				
7	○ ⊗ ○ IN OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ <b>⊗</b> ○ 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	0 0 0 2 1 0	0	0	0				
10	O O & IN OUT N/O	Food received at proper temperature	O O O 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	○ ○ ○ ○ 2 1 0	0	0	0				
Pro	otection from	Contamination .2653, .2654								
13	O O ⊗ O	Food separated & protected	000		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,	3 1.5 0	0	0	0				
Pο	Potentially Hazardous Food TIme/Temperature .2653									
14	O O & O	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0				
17	0 0 8 0 IN OUT N/A N/O	Proper reheating procedures for hot holding	3 1.5 0 3 1.5 0	0	0	0				
18	○ ○ <b>⊗</b> ○ IN OUT N/A N/O	Proper cooling time & temperatures	000	0	0	0				
19	O O & O IN OUT N/A N/O	Proper hot holding temperatures	3 1.5 0	0	0	0				
20		Proper cold holding temperatures	3 1.5 0	0	0	0				
21	8000	Proper date marking & disposition	3 1.5 0	0	0	0				
22	IN OUT N/A N/O	Time as a public health control: procedures & records	3 1.5 0	0	0	0				
-	IN OUT N/A N/O		2 1 0							
23	0 0 8	Consumer advisory provided for raw or undercooked	000		0	0				
	IN OUT N/A	foods	1 0.5 0							
•	jniy Suscepiii	ple Populations .2653	000							
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	3 1.5 0	0	0	0				
Ch	emical	.2653, .2657	0.00							
25	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	2 1 0	0	0	0				
Co		th Approved Procedures .2653, .2654,	0 0 0							
27	IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\bigcirc \bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$			0				

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

### Food Establishment Inspection Report, continued

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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".
- 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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Port Stoes 25H5 Regulatory Authority (Signature)

Contact Number: (336)703-3141

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

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations:

Cond Potail Practices									
Good Retail Practices  Preventative measures to control the addition of pathogens.									
chemicals, and physical objects into foods.									
		ce Statu		OUT	CDI	R	VR		
	ite Foo	od and \		000					
28	IN ⊗	OUT	Pasteurized eggs used where required	1 0.5 0	0	0	0		
29	IN	OŬT O Ø	Water and ice from approved source	2 1 0	0	0	0		
30	IN O	1 0.5 0	0	0	0				
Fo		<u> </u>	ure Control .2653, .2654						
31	IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	0	0	0		
32	N OU	⊗ ○ TN/A N/C	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	⊗ ○ IN OUT	O O	Approved thawing methods used	0 0 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0	0	0	0		
Fo	od Ide	entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	O O O 2 1 0	0	0	0		
Pr	eventi	on of Fo	ood Contamination .2652, .2653, .2654, .265	6, .2657					
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	O O O 2 1 0	0	0	0		
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0	0	0	0		
Pr	oper L	Jse of U	tensils .2653, .2654						
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0	0	0	0		
42	O IN	<b>⊗</b> OUT	Utensils, equipment & linens: properly stored, dried & handled	○ <b>⊗</b> ○ 1 0.5 0	0	0	0		
43	O IN	<b>⊗</b> OUT	Single-use & single-service articles: properly stored & used	○ <b>⊗</b> ○ 1 0.5 0	0	0	0		
44	⊗ IN	0 0 0	0	0	0				
Ut			uipment .2653, .2654, .2663						
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2 1 0	0	0	0		
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0		
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0	0	0	0		
Pł	nysical	Faciliti	es .2654, .2655, .2656						
48		OUT	Hot & cold water available; adequate pressure	O O O 2 1 0	0	0	0		
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	O O O 2 1 0	0	0	0		
50	⊗ IN	OUT	Sewage & waste water properly disposed	O O O 2 1 0	0	0	0		
51	OIN	⊗ OUT	Toilet facilities: properly constructed, supplied & cleaned	○ ○ <b>⊗</b> 1 0.5 0	0	0	0		
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained	0 0 0 1 0.5 0	0	0	0		
53	⊗ IN	OUT	Physical facilities installed, maintained & clean	0 0 0	0	0	0		
54	⊗ IN	OUT	Meets ventilation & lighting requirements; designated areas used	0 0 0	0	0	0		
			Total Deductions:	2.5					

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

Comment Addendam to Food	Establisiillient inspecti	on Report
Establishment Name: JIMMY JOHN S GOURMET SANDWICHES	Establishment ID: 3034012005	Date: 02/04/2013
Location Address:   249 S STRATFORD RD  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: TARHEEL INVESTMENTS LLC  Telephone:		Status Code: A  Category #: II  Email 1:  Email 2:  Email 3:
Temperature	Observations	

Temperature Observations								
Item ham	Location sandwich unit 1	Temp 39	Item cheese	Location sandwich unit 1 - bottom	Temp 37	Item tuna salad	Location sandwich unit 2 - bottom	Temp 37
cheese	sandwich unit 1	39	tomatoes	sandwich unit 2	40	cappacuolo	wic	41
turkey	sandwich unit 1	39	lettuce	sandwich unit 2	41			
lettuce	sandwich unit 1	40	guacamole	sandwich unit 2	29			
tuna salad	sandwich unit 1 - bottom	45	sliced cheese	sandwich unit 2	40			
ham	sandwich unit 1 - bottom	37	ham	sandwich unit 2	40			
roast beef	sandwich unit 1 - bottom	45	salami	sandwich unit 2	40			
salami	sandwich unit 1 - bottom	37	roast beef	sandwich unit 2	45			

**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.

A person responsible for the direction of employees or food production that has passed an approved food safety manager's course must be present during all hours of operation. This will become a 2 point deduction beginning on 1/1/14.



- When washing hands, the proper procedure is as follows: wet hands with warm water; dispense soap and lather for at least 15 seconds while paying attention to nail beds and between fingers; rinse in warm water; dry hands with an approved hand drying device or disposable paper towel; turn off faucet without touching the handles of the faucet.
- Observed an employee handling the bread with his bare hands. No bare hand contact with ready to eat foods is permitted. All handling of ready to eat foods must be done through the use of utensils or other hand barrier (such as gloves).
- All of the plastic containers checked today were stacked wet. All items must be allowed to completely air dry before stacking them. No towel drying is permitted.



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#### **Observations and Corrective Actions**

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One of the cup dispensers at the register was overfilled. Two stacks of single use containers on the back shelf were improperly stored. If single use trays are removed from the original packaging, they must be kept inverted to protect the food contact portion.

A covered trash receptacle is needed in the women's restroom.



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