Food Establishment Inspection Report

Establishment Name: SUBWAY 1642 LLC Establishment ID: 3034012007

Date: <u>Ø 1</u> / <u>Q 3</u> / <u>Q Ø 1 3</u> Status Code: A
Time In: $02 : 14 \stackrel{\bigcirc}{\otimes} pm$ Time Out: $03 : 55 \stackrel{\bigcirc}{\otimes} pm$
Total Time: 1 hr 41 minutes
Category #: II
Establishment Type:

Instructions:

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

Location Address: 329	JONESTOWN RD
City: WINSTON SALEM	
State: NC	Zip:
County: 34 Forsyth	
Permittee: SUBWAY #	1642 LLC
Telephone:	
⊗Inspection	
○Re-Inspection	
Wastewater System:	
⊗Municipal/Communi	ty
○On-Site System	
Water Supply:	
⊗Municipal/Commun	ty
○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: 98

sk factors: Contributing factors that increase the chance of developing foodborne illness

Public Health Interventions: Control measures to prevent foodborne illness or injury.								
Compliance Status				0	UT	CDI	R	VR
Su	pervis	ion	.2652					
1		⊗ ○ UT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O 2	⊗ 0	0	0	0
Em		e Health	.2652					
2	⊗ IN	OUT	Management, employees knowledge; responsibilities & reporting	3 1) () .5 0	0	0	0
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion) () .5 0	0	0	0
Go	od Hy	gienic F	Practices .2652, .2653					
4	⊗ IN	OUT	Proper eating, tasting, drinking, or tobacco use		0	0	0	0
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth) ()).5 0	0	0	0
Pre	_		amination by Hands .2652, .2653, .2655, .2656	6				
6	⊗ IN	OUT	Hands clean & properly washed	4 2	2 0	0	0	0
7		O O UT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed) () .5 0	0	0	0
8	⊗ IN	OUT	Handwashing sinks supplied & accessible) () 1 0	0	0	0
Ap	•	d Sourc	e .2653, .2655					
9	⊗ IN	OUT	Food obtained from approved source	0 () () 1 0	0	0	0
10	IÑ O	O & UT N/O	Food received at proper temperature) () 1 0	0	0	0
11	⊗ IN	OUT	Food in good condition, safe & unadulterated) () 1 0	0	0	0
12	O O IN OUT	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction) () 1 0	0	0	0
Pro	Protection from Contamination .2653, .2654							
13	⊗ ○ IN OUT	O O N/A N/O	Food separated & protected) (3 1		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) () 1 0	0	0	0
Po	tential	-	rdous Food Time/Temperature .2653					
16	IN OUT	O & N/A N/O	Proper cooking time & temperatures	3 1) () .5 0	0	0	0
17		O & N/A N/O	Proper reheating procedures for hot holding	3 1		0	0	0
18	-	O O N/A N/O	Proper cooling time & temperatures	3 1) () .5 0	0	0	0
19		O O N/A N/O	Proper hot holding temperatures	3 1) () .5 0	0	0	0
20	-	O O N/A N/O	Proper cold holding temperatures) () .5 0	0	0	0
21	⊗ ○ IN OUT	O O N/A N/O	Proper date marking & disposition) () .5 0	0	0	0
22	O O IN OUT	⊗ ○ N/A N/O	Time as a public health control: procedures & records		0 0	0	0	0
Consumer Advisory .2653								
23	IN O	○ ⊗ UT N/A	Consumer advisory provided for raw or undercooked foods) () .5 0	0	0	0
Hiç	-		ole Populations .2653					
24	IN O	O & UT N/A	Pasteurized foods used; prohibited foods not offered	3 1) () .5 0	0	0	0
Ch	emical		.2653, .2657					
25	IN O	O & C	Food additives: approved & properly used) () .5 0	0	0	0
26	IN O	O O UT N/A	Toxic substances properly identified stored, & used	2	0 0	0	0	0
Со	nforma		th Approved Procedures .2653, .2654,	.265	8			
27		○ ⊗	Compliance with variance, specialized process,	Ŏ (O C			\bigcirc

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)

Regulatory Authority (Signature)

Contact Number: (<u>336</u>) <u>703</u> - <u>3383</u>

Verification Required Date: ___/ ___/

REHS ID: 2360 - Gartner, Gregory

No. of Risk Factor/ Intervention Violations: ______1 No. of Repeat Risk Factor/Intervention Violations:

Good Retail Practices Preventative measures to control the addition of pathogens. chemicals, and physical objects into foods. CDI R VR Compliance Status Safe Food and Water .2653, .2655, .2658 0 0 0 OUT 0 28 Pasteurized eggs used where required \circ 0 O O O 2 1 0 29 0 0 0 Water and ice from approved source OUT O O & IN OUT N/A 0 0 0 1 0.5 0 Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 0 0 0 1 0.5 0 NOUT N/A N/O Plant food properly cooked for hot holding 32 0 0 0 0 0 0 1 0.5 0 ⊗ ○ ○ ○ Approved thawing methods used IN OUT N/A N/O 0 0 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 0 35 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 OUT $\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$ 36 Insects & rodents not present; no unauthorized animals 0 0 OUT Contamination prevented during food preparation, 37 0 0 \bigcirc storage & display OUT O O O 38 Personal cleanliness 0 0 0 ⊗ IN OUT 0 0 0 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 OUT 0 0 0 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 In-use utensils: properly stored 41 0 0 000Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 OUT 1 0.5 0 Single-use & single-service articles: properly 43 0 0 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 O & O 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used OIN ⊗ OUT ○ **⊗** ○ 1 0.5 0 Warewashing facilities: installed, maintained, & used; 0 0 46 test strips 0 0 0 1 0.5 0 OUT 47 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 0 49 Plumbing installed; proper backflow devices 0 0 OUT 0 0 50 0 0 0 Sewage & waste water properly disposed OIN ⊗ OUT 0 0 **8** 1 0.5 0 Toilet facilities: properly constructed, supplied 0 0 0 51 ⊗ OUT Garbage & refuse properly disposed; 0 0 **8** 1 0.5 0 52 0 0 facilities maintained 8 $\circ \otimes \circ$ 53 Physical facilities installed, maintained & clean 0 0 0 OŪT 1 0.5 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 Meets ventilation & lighting requirements; 54 \bigcirc 0 0 **Total Deductions:**

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

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Location Address: 329 JONESTOWN RD		Status Code: A
City: WINSTON SALEM State: NC		Category #:II
County: 34 Forsyth Zip: 27104		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: SUBWAY #1642 LLC		Email 3:

Temperature Observations								
Item turkey	Location sandwich make	Temp 44	Item provolone	Location reach in	Temp 40	Item	Location	Temp
tuna	sandwich make	44	roast beef	reach in	40			
pepperjack	sandwich make	44	teriyaki	walk in	38			
tomatoes	toppings make	38	tuna	walk in	39			
spinach	toppings make	39	spinach	walk in	39			
iceberg	toppings make	39	wash vat	3 comparmtent sink	88			
meatball	steam unit	139	sani vat	3 compartment sink	85	·		
chicken	steam unit	153						

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.



- No certified food protection manager on duty today. 15A NCAC 18A .2652 ref. 2-102.12 (A): At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an ANSI-accredited program (a two-point deduction will be applied to an inspection score beginning January 1st, 2014 if found in violation). Person in charge must be present during all hours of operation.
- Replace cracked metal flex casing around hanging hose. / Condensate drips forming along corners of condenser fan of walk in freezer. This must be repaired. Do not store food beneath drips.
- Wash vat measured below requirement at 88°F. 15A NCAC 18A .2654 ref. 4-501.19: The temperature of the wash solution in manual warewashing equipment shall be maintained at no less than 110°F or the temperature specified on the cleaning agent manufacturer's label instructions.
- 51 Women's restroom toilet does not flush on occasion and must be repaired to function properly.



Telephone:

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Observations and Correct	tive Actions		
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52 Construction debris around outside dumpster must be removed. All refuse stored outside must be in proper receptacle.

53 Clean floors under make line, oven line, and beverage line. / Replace missing acoustic tile over walk in freezer.

Lighting measures below required minimum 10 foot candles (fc) in walk in freezer (2fc). Increase lighting.



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