Food Establishment Inspection Report

Establishment Name: SUBWAY #36450 Establishment ID: 3034012011

Date: <u>Ø 1</u> / <u>2 8</u> / <u>2 Ø 1 3</u> Status Code: A								
Time In: <u>Ø 3</u> : <u>4 5 ⊗ pm</u> Time Out: <u>Ø 5</u> : <u>4 5 ⊗ pm</u>								
Total Time: 2 hrs 0 minutes								
Category #: II								
Establishment Type:								

Instructions:

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

Location Address: 1547 UNION CROSS RD								
City: KERNERSVILLE								
State: NC Zip: 27284								
County: 34 Forsyth Permittee: _TTC INC.								
⊗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: 96

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							
Su	Supervision .2652											
1		PIC Present; Demonstration-Certification by accredited program and perform duties	○ ⊗ 2 0	0	0	0						
Employee Health .2652												
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	O O O 3 1.5 0	0	0	0						
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	○ ○ ○ 3 1.5 0			0						
Good Hygienic Practices .2652, .2653												
4	⊗ O IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0						
5	⊗ ○ IN OUT	1 0.5 0	0	0	0							
Pre		amination by Hands .2652, .2653, .2655, .265	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	2 1 0	0	0	0						
Ар	proved Sourc	e .2653, .2655										
9	⊗ ○ IN OUT	Food obtained from approved source	$ \bigcirc\bigcirc\bigcirc\bigcirc$ 2 1 0	0	0	0						
10	O O & IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0						
11	⊗ ○ IN OUT	$ \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 1 0	0	0	0							
Pro	otection from	Contamination .2653, .2654										
13	⊗ ○ ○ ○ ○ IN OUT N/A N/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	8	0	0						
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	○ ○ ○ 2 1 0	0	0	0						
Ро	tentially Haza	rdous Food Tlme/Temperature .2653										
16	O O O S IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0						
17	O O O S IN OUT N/A N/O	O O S IN OUT N/A N/O Proper reheating procedures for hot holding										
18	O O O S IN OUT N/A N/O	Proper cooling time & temperatures	○ ○ ○ 3 1.5 0	0	0	0						
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	○ ○ ○ 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	○ ○ ○ 3 1.5 0	0	0	0							
22	O O & O	Time as a public health control: procedures & records	0 0 0 2 1 0	0	0	0						
Consumer Advisory .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						
Hiç		ole Populations .2653										
24	O O & 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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	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	$\begin{array}{c c} \circ \circ \circ \\ \circ & \circ \end{array}$		0	0						

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

Food Establishment Inspection Report, continued

Establishment Name: SUBWAY #36450 Establishment ID: 3034012011

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

- 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 (Signature)

Pegulatory Authority (Print)

Contact Number: (336)703-3166

Verification Required Date: ___/ ___/ __

REHS ID: 1938 - Faircloth, Craig

No. of Risk Factor/ Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations:

(Signature)

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 ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ \bigcirc 0 0 29 0 0 0 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 Proper cooling methods used; adequate equipment for temperature control 0 0 0 OUT 0 0 O O S Plant food properly cooked for hot holding 0 0 0 1 0.5 0 32 0 0 0 0 0 0 1 0.5 0 33 Approved thawing methods used 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 0 0 36 Insects & rodents not present; no unauthorized animals 0 0 0 ⊗ OUT **⊗** ○ 1 0 Contamination prevented during food preparation, 37 8 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 ○ ○ ○ 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 $\overline{000}$ 0 0 44 Gloves used properly 0 1 0.5 0 Utensils and Equipment .2653, .2654, .2663 $\bigcirc \bigcirc \bigcirc$ \bigcirc \bigcirc \bigcirc 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc OŬT cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips ⊗ OUT ○ **⊗** ○ 1 0.5 0 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 Plumbing installed; proper backflow devices 0 0 0 OUT 50 0 0 0 Sewage & waste water properly disposed 1 0 ⊗ IN 0 0 0 1 0.5 0 OUT Toilet facilities: properly constructed, supplied 0 0 51 0 OUT Garbage & refuse properly disposed; 0 0 0 1 0.5 0 52 0 0 facilities maintained 8 \otimes \circ \circ 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 ⊗ IN OUT 0 0 0 1 0.5 0 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:

	Comme	nt Addend	dum to	Food E	Stabli	shment	Inspec	tion Report		
Establishment Name: SUBWAY #36450					Establishment ID: 3034012011			Date: 01/28/2013		
Location Address: 1547 UNION CROSS RD City: KERNERSVILLE St County: 34 Forsyth Zip: 27284 Wastewater System: Municipal/Community Or Permittee: TTC INC. Telephone:			State: 27284 ity On-Site	System				Status Code: _ Category #: Email 1: Email 2: Email 3:		
			Temp	erature (Observa	itions				
Item meatballs	Location hot hold	Temp 156	Item eggs	Location make unit		Temp 40	Item pastrami	Location walk in cooler	Temp 38	
grilled chicken	hot hold	158	roast beef	make un	iit	41	pastrami	reach in cooler	40	
steak	make unit	43	tuna	make un	ıit	40	hot water	3 comp sink	140	
ham	make unit	42	pepperoni	reach in	cooler	40				
turkey	make unit	42	provolone	reach in	cooler	40				

walk in cooler **Observations and Corrective Actions**

reach in cooler

walk in cooler

40

38

39

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.

The person in charge of this facility has not completed an approved food safety course. By January 1, 2014 the person in charge

1 of this facility must complete an approved food safety course.

All of the drink machine nozzles in the dining area were found dirty. Clean and sanitize the drink machine nozzles daily.

Boxes of cucumbers and lettuce were found stored on the floor in the walk in cooler. Keep all food items in storage above the floor 37 on approved shelving to prevent contamination.

Cleaning is needed on the: exterior of equipment, the shelving below make units in the service areas, the make unit in the rear service area, the shelving of rear storage areas, and storage cabinets.

make unit

make unit

make unit

cut tomatoes

provolone

chedder

42

41

42

ham

soup

eggs

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #36450 Establishment ID: 3034012011

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.



Detailed cleaning is needed on the floors below equipment and shelving along baseboards and in corners. Repair the damaged floors throughout the facility. Cleaning is needed on the walls behind the prep and dish cleaning sinks.



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Observations and Corrective Actions
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Comment Addendum to Food Establishment Inspection Report

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Observations and Corrective Actions

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