Food Establishment Inspection Report

Establishment Name: SUBWAY 3901 Establishment ID: 3034012015

Date: <u>Ø 1</u> / <u>1 1</u> / <u>2 Ø 1 3</u> Status Code: A					
Time In: $02 : 10 \stackrel{\bigcirc}{\otimes} pm$ Time Out: $03 : 40 \stackrel{\bigcirc}{\otimes} pm$					
Total Time: 1 hr 30 minutes					
Category #: _II					
Establishment Type: Fast Food Restaurant					

Instructions:

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

Location Address: 2879 REYNOLDA RD
City: WINSTON SALEM
State: NC Zip: 27106
County: 34 Forsyth
Permittee: GAGAN INC NO 2
Telephone: (336) 725-6145
⊗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: 99

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.										
Сс	mpliance Statu	OUT	CDI	R	VR					
Su	pervision	.2652								
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	$\bigcirc \bigcirc$ 2 0	0	0	0				
En	ployee Health	n .2652								
2	⊗ O IN OUT	Management, employees knowledge; responsibilities & reporting	3 1.5 0	0	0	0				
3	Ø ○ IN OUT	Proper use of reporting, restriction & exclusion	3 1.5 0	0	0	0				
Go	od Hygienic F	Practices .2652, .2653								
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	2 1 0	0	0	0				
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0	0	0	0				
Pr	eventing Cont	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	0 0 0 3 1.5 0	0	0	0				
8	⊗ ○ IN OUT	Handwashing sinks supplied & accessible	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Ap	proved Sourc	e .2653, .2655								
9	⊗ ○ IN OUT	Food obtained from approved source	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
10	O O S IN OUT N/O	Food received at proper temperature	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
12	O O 🗞 O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0				
Pr	Protection from Contamination .2653, .2654									
13	0 0 8 0	Food separated & protected	000		0	0				
14	IN OUT N/A N/O	Food-contact surfaces: cleaned & sanitized	3 1.5 0	0	0	0				
15	IN OUT SO O IN OUT	Proper disposition of returned, previously served,	3 1.5 0	0	0	0				
Potentially Hazardous Food TIme/Temperature .2653										
16	O O & O	Proper cooking time & temperatures	0 0 0 3 1.5 0		0	0				
17		Proper reheating procedures for hot holding	3 1.5 0 3 1.5 0	0	0	0				
18	⊗ ○ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	000	0	0	0				
19		Proper hot holding temperatures	3 1.5 0 O O O 3 1.5 0	0	0	0				
20	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cold holding temperatures	0 0 0 3 1.5 0	0	0	0				
21	⊗ ○ ○ ○ IN OUT N/A N/O	Proper date marking & disposition	0 0 0 3 1.5 0	0	0	0				
22	○ ○ ⊗ ○ IN OUT N/A N/O	Time as a public health control: procedures & records	000	0	0	0				
	nsumer Advis	Sory .2653	2 1 0							
23	O O &	Consumer advisory provided for raw or undercooked foods	0 0 0		0	0				
Hi		ble Populations .2653	1 0.5 0							
24	0 0 8	Pasteurized foods used; prohibited foods not offered	000		0	0				
	emical	.2653, .2657	3 1.5 0							
25	O O &	Food additives: approved & properly used	0 0 0		0	0				
26	O & O	Toxic substances properly identified stored, & used	008	8	0	0				
		ith Approved Procedures .2653, .2654,	2 1 0 .2658	احا		Ĭ				
27	0 0 8	Compliance with variance, specialized process,	000			0				
~ 1	IN OUT N/A	reduced oxygen packing criteria or HACCP plan	1210	$I \cup I$	\cup					

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".
- 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)

Contact Number: (____)__-

Regulatory Authority (Signature)

Verification Required Date: ___/__/__

REHS ID: 1958 - Allred, Christy

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 CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required \circ \bigcirc 0 0 0 0 0 29 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 8 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 0 \circ 33 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT 0 0 0 34 Thermometers provided & accurate **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ IN 0 0 OUT Insects & rodents not present; no unauthorized animals 0 0 0 36 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 ○ ○ ○ 1 0.5 0 Washing fruits & vegetables 40 0 0 **Proper Use of Utensils** .2653, .2654 0 0 0 1 0.5 0 ⊗ IN OUT 41 0 In-use utensils: properly stored 0 <u>800</u> OIN Utensils, equipment & linens: properly stored, dried & handled 0 42 8 0 OUT 1 0.5 0 ⊗ IN Single-use & single-service articles: properly 43 0 0 0 OUT 1 0.5 0 stored & used ⊗ IN OUT 00 0 0 44 Gloves used properly 0 1 0.5 0 **Utensils** and Equipment .2653, .2654, .2663 ⊗ OUT ○ ○ **⊗** 2 1 0 Equipment, food & non-food contact surfaces approved, 45 0 \bigcirc cleanable, properly designed, constructed, & used ⊗ IN OUT 0 0 0 Warewashing facilities: installed, maintained, & used; 46 0 0 test strips OUT 0 0 0 1 0.5 0 0 0 0 47 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 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 0 0 0 1 0.5 0 Garbage & refuse properly disposed; 52 0 0 facilities maintained 0000 53 Physical facilities installed, maintained & clean 0 0 0 OUT 1 0.5 0 OUT 0 0 0 1 0.5 0 Meets ventilation & lighting requirements; 54 0 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: 2879 REYNOLDA RD		Status Code: A
City: WINSTON SALEM State: NC		Category #:I
County: <u>34 Forsyth</u> Zip: <u>27106</u>		Email 1: garyghumman@gmail.co
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: GAGAN INC NO 2		Email 3:
Telephone: (336) 725-6145		

Temperature Observations								
Item broccoli soup	Location steam table	Temp 165	Item shredded	Location undercounter cooler	Temp 40	Item	Location	Temp
chicken fillets	steam table	155	american	undercounter cooler	40			
meat balls	steam table	170	hot water	utensil sink	129			
tuna salad	make unit	41	teriyaki	walk-in cooler	37			
buffalo	make unit	42	chicken fillets	walk-in cooler	36			
roast beef	make unit	41	air temp	walk-in cooler	35			
shredded	make unit	40	QA sanitizer	utensil sink	200			
tomatoes	make unit	39	air temp	display cooler	33			

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.



- 0-pts. There was a bottle labeled cleaner with water in it above a prep table. Be sure the labels match the contents of the container, and if it is a toxic material be sure to store it below any food contact surfaces. CDI-Chemical bottle was moved.
- Repeat. Many pans were stacked wet today. Be sure to allow pans to air dry before stacking, or stack them offset so they can continue to dry.
- 45 Opts. The finish inside of the Amana microwave is wearing off in places.

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