# Food Establishment Inspection Report

stablishment Name: BOBS BIG GAS SUBS AND PUB	Establishment ID: 3034012057
Date: 12/21/2012 Status Code: A	Foodborne Illness Risk Factors and Public Health Interventions

Date: 12 / 21 / 2012 Status Code: A						
Time In: $01 : 55 \otimes_{pm}^{\circ}$ Time Out: $5 : 00 \otimes_{pm}^{\circ}$						
Total Time: 3 hrs 5 minutes						
Category #: II						
Establishment Type:						

### Instructions:

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

Location	Address: 901 REYNOLDA RD						
City: W	NSTON SALEM						
State: N	<sup>C</sup> Zip: 27104						
County: 34 Forsyth							
Permittee: P2 ENTERPRISES,LLC							
Telephone:							
⊗Inspection							
○Re-Inspection							
Wastewater System:							
_	⊗Municipal/Community						
○On-Site System							
Water Supply:							
⊗Munic	pal/Community						
○On-Sit	○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".

Risk factors: Contributing factors that increase the chance of developing foodborne illness.  Public Health Interventions: Control measures to prevent foodborne illness or injury.									
Со	mplian	ce Statu	s		OUT		CDI	R	VR
Su	pervis	ion	.2652						
1		⊗ O DUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties		) <b>(</b>	<b>§</b>	0	0	0
En	ploye	e Health	.2652						
2	O IN	⊗ OUT	Management, employees knowledge; responsibilities & reporting		〇 1.5		8	0	0
3	⊗ IN	OUT	Proper use of reporting, restriction & exclusion	3	O 1.5			0	
Go	od Hy	gienic F	Practices .2652, .2653						
4	O IN	⊗ OUT	Proper eating, tasting, drinking, or tobacco use	<u>2</u>	<u> </u>	<b>⊗</b> 0	8	0	0
5	⊗ IN	OUT	No discharge from eyes, nose, and mouth	0	0.5	$\bigcirc$	0	0	0
Pre	eventi	ng Cont	amination by Hands .2652, .2653, .2655, .265	5					
6	○롣	⊗ OUT	Hands clean & properly washed	<b>O</b>	○ 2	<b>⊗</b> 0	8	0	0
7		O O OUT N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed	○ 3	〇 1.5	$\bigcirc$	0	0	0
8	OIN	⊗ OUT	Handwashing sinks supplied & accessible	2	<b>⊗</b> 1	$\bigcirc$	8	0	0
Ар	prove	d Sourc	e .2653, .2655						
9	⊗ IN	OUT	Food obtained from approved source	〇 2	<u> </u>	0	0	0	0
10	IN C	O & OUT N/O	Food received at proper temperature	〇 2	<u> </u>	0	0	0	0
11	IN	OUT	Food in good condition, safe & unadulterated	<u>2</u>	<u> </u>	0	0	0	0
12	O O TUO NI	⊗ ○ N/A N/O	Required records available: shellstock tags, parasite destruction	2	<u> </u>	0	0	0	0
Pro			Contamination .2653, .2654						
13		N/A N/O	Food separated & protected		<b>⊗</b> 1.5		8	0	0
14	O 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	2	<u> </u>	0	0	0	0
Po	tentia	<del>_</del>	rdous Food TIme/Temperature .2653						
16		○ <b>⊗</b> 「N/A N/O	Proper cooking time & temperatures	-	1.5	_	0	0	0
17	IN OUT	N/A N/O	Proper reheating procedures for hot holding	3	1.5	_	0	0	0
18		N/A N/O	Proper cooling time & temperatures	_	1.5	_	0	0	0
19	IN OUT	N/A N/O	Proper hot holding temperatures	_	1.5	_	0	0	0
20	IN OUT	N/A N/O	Proper cold holding temperatures	3	1.5	_	0	0	0
21		○ ○ ΓN/A N/O	Proper date marking & disposition	_	1.5	_	0	0	0
22	O O	⊗ () ΓN/A N/O	Time as a public health control: procedures & records	2	1	0	0	0	0
Со		er Advis							
23		O & OUT N/A	Consumer advisory provided for raw or undercooked foods		0.5		0	0	0
Hiç		<del></del>	ole Populations .2653			$\bigcirc$			
24		OUT N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0	0	0	0
Ch	emica		.2653, .2657						
25	IN C	OUT N/A	Food additives: approved & properly used	_	0.5	_	0	0	0
26	IN C	OUT N/A	Toxic substances properly identified stored, & used	2	1	<b>8</b>	⊗	0	0
	_		th Approved Procedures .2653, .2654,	_	_	Ω.			
27		OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	<u> 1</u>	<b>⊗</b> 0	8	0	0

Score: <u>93.5</u>

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

### Food Establishment Inspection Report, continued

Establishment Name: BOB S BIG GAS SUBS AND PUB Establishment ID: 3034012057

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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:

X

Person in Charge (Print)

X

Person in Charge (Signature)

Anthony Williams
Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: ( ) -

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

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/ Intervention Violations: 9

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 CDI R VR .2653, .2655, .2658 Safe Food and Water ○ ○ ○ 1 0.5 0 OUT 0 28 Pasteurized eggs used where required $\circ$ 0 O O O 29 0 0 0 Water and ice from approved source OUT ○ ⊗ ○ IN OUT N/A 8 Variance obtained for specialized processing methods 0 30 0 **Food Temperature Control** .2653, .2654 ⊗ OUT Proper cooling methods used; adequate equipment for temperature control ○ **⊗** ○ 1 0.5 0 0 0 0 0 0 1 0.5 0 32 Plant food properly cooked for hot holding 0 0 0 IN OUT N/A N/O ○ ○ **⊗** 1 0.5 0 0 Approved thawing methods used 0 0 IN OUT N/A N/O 0 0 0 1 0.5 0 OUT Thermometers provided & accurate 0 0 34 **Food Identification** .2653 OUT Food properly labeled: original container 0 0 35 0 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 ⊗ OUT ○ ○ **⊗** 2 1 0 O IN Insects & rodents not present; no unauthorized animals 0 0 36 OUT Contamination prevented during food preparation, 37 0 0 $\bigcirc$ storage & display ⊗ OUT ○ **⊗** ○ 1 0.5 0 38 Personal cleanliness 0 0 0 O IN ⊗ OUT 0 0 **8** 1 0.5 0 0 39 Wiping cloths: properly used & stored 0 0 0 0 0 1 0.5 0 40 Washing fruits & vegetables 0 0 OUT **Proper Use of Utensils** .2653, .2654 ⊗ OUT ○ ○ **⊗** 1 0.5 0 IN 0 0 41 In-use utensils: properly stored 008 Utensils, equipment & linens: properly stored, dried & handled 0 0 0 42 ΙŇ OUT 1 0.5 0 OIN 8 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 $\bigcirc \bigcirc \bigcirc$ Equipment, food & non-food contact surfaces approved, 45 0 $\bigcirc$ OŬT cleanable, properly designed, constructed, & used OIN ⊗ OUT 0 0 **8** 1 0.5 0 Warewashing facilities: installed, maintained, & used; 46 0 0 0 test strips **⊗** ○ ○ 1 0.5 0 ⊗ OUT 0 0 0 Non-food contact surfaces clean **Facilities Physical** .2654, .2655, .2656 $\bigcirc \bigcirc \bigcirc \bigcirc$ OUT Hot & cold water available; adequate pressure 0 0 0 48 OIN 8 ○ **⊗** 1 0 49 Plumbing installed; proper backflow devices 0 0 0 OUT ⊗ IN OUT 50 Sewage & waste water properly disposed 0 0 0 1 0 OIN ⊗ OUT 0 0 **8** 1 0.5 0 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 $\circ \otimes \circ$ 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:** 

Establishme	ent Name: BOBS E	BIG GAS SUBS	AND PUB		Establishme	nt ID:	3034012057	Date: 12/21/20	)12
Location	Address: 901 REY	NOLDA RD						Status Code:	Α
City: WIN	ISTON SALEM		State	. NC				Category #:_	II
County: 3		Zi	p: <sup>27104</sup>					Email 1:	
	nter System:⊗ M							Email 2:	
Water Su	<b>ıpply:</b>	unicipal/Commur ES,LLC	nity () On-Site	e System				•	
Telephoi		,						Email 3:	
Тетерио	ic		Tem	nerature	Observatio	ns			
Item	Location	Temp	'	Locatio		Temp	Item	Location	Temp
bean sprouts	make unit	33							·
pico	make unit	38							
black beans	hot holding	179							
ham	make unit	33							
egg salad	make unit	38							
chili	refrigerator	37							
hot water	3 comp. sink	148							
					Corrective A				
•	/iolations cited in this				•			5.11 of the food code.  Shall demonstrate	thio
knowledg		ed FOOD pro	tection mar					rmation through pa	
responsib relate to c		cordance with ansmissible t	LAW, to th	e PERSON	I IN CHARGE,	informati	on about their	s must be informed r health and activition on to aid in policy	
Employee storage a	e beverage was sto reas to prevent cor	red on food patamination.	orep table. Item relocat	Keep emploted during i	oyee beverages	s stored	under or away	/ from food contact	and utensil

Employee washed hands and turned off handles with bare hands. Use towel to turn off handles to prevent recontamination of hands. Employee instructed on proper handwashing during inspection.



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## **Comment Addendum to Food Establishment Inspection Report**

Establishment Name: BOB S BIG GAS SUBS AND PUB Establishment ID: 3034012057

Observations	and	Corrective	Actions
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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.



Handsink was partially blocked by trash can next to the dish machine. Keep handsinks properly supplied and accessible at all times. Trash can relocated during inspection.

Avocados, banana peppers, peanut butter, and pizza found uncovered in storage. Keep food stored covered in refrigeration. Manager insructed to cover items as corrective action.

Utensils needed additional cleaning. Wash, rinse, and sanitize dishes properly before reusing. Items sent to be rewashed during inspection. Quat sanitizer good at 200-300 ppm. Change sanitizer water once it becomes dirtied with food debris.

Unlabeled bottled water unnecessary for food preparation shall be stored in office.

Chow-chow canned in restaurant is specialized process. Provide information for approval. Discontinue process until approval is granted.

30 See #27

27

31 Items were cooling covered. Vent edges when cooling food and use metal bins rather than plastic. Cool in thin portions. These methods will promote quicker cooling.

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: BOB S BIG GAS SUBS AND PUB Establishment ID: 3034012057

Observations	and	Corrective	Actions
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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.

33	Chili thawing at prep sink without using running water or other approved method. Use approved method such as thawing under refrigeration. Item returned to refrigerator as corrective action.
36	Flies present in the facility. Eliminate pests.
38	Hair restraint not worn by employees involved in food prep. Employees involved in food prep must wear hair restraints.
39	Wet towels used for wiping surfaces must be stored in sanitizer water.
41	Sheath for knife is not easliy cleanble. Discarded. Store in-use utensils on a clean surface and replace every 4 hours with clean utensil.
42	Some dishes stacked wet. Air dry before stacking.
43	Single service cups stored unprotected. Keep single service cups stored protected.



# Comment Addendum to Food Establishment Inspection Report

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Observati	one and	Corrective	e Δctions
ODSGI VALI	OHO CHIC	COLLECTIV	G AGUOUS

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.



16 Delime dish machine on regular basis to prever	t buildup.	
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47 Clean sides of equipment, cabinetry in drink area, and other non food contact surfaces.

- Repair leaks at the dish machine and back storage room.
- Repair toilet that is not functioning properly in the womens room.

53 Clean floor drains and floors under equipment. Keep storage off the floor to facilitate cleaning.



