## Food Establishment Inspection Report

Establishment Name: SUBWAY 6214 Establishment ID: 3034012156

Date: <u>Ø 1</u> / <u>2 8</u> / <u>2 Ø 1 3</u> Status Code: A							
Time In: <u>1 ∅ : ∅ ∅ ⊗ am</u> Time Out: <u>1 2</u> : <u>∅ ∅ ⊗ 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: 4	72 KNOLLWOOD STREET						
City: WINSTON SALE	EM						
State: NC	Zip:						
County: 34 Forsyth							
Permittee: MRG SUI	BWAY INC.						
Telephone:							
⊗Inspection							
○Re-Inspection							
Wastewater System:							
	unity						
○On-Site System							
Water Supply:							
⊗Municipal/Commι	unity						
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".

Score: 98

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Pu	blic Health Interv	ventions: Control measures to prevent foodborne illness	or injury.			
	mpliance Statu		OUT	CDI	R	VR
Su	pervision	.2652				
1	⊗ ○ ○ IN OUT N/A	PIC Present; Demonstration-Certification by accredited program and perform duties	O O 2 0	0	0	0
En	ployee Health		-			
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ <b>⊗</b> 3 1.5 0	8	0	0
3	⊗ ○ IN OUT	Proper use of reporting, restriction & exclusion	0 0 0 3 1.5 0	0	0	0
Go	od Hygienic F	Practices .2652, .2653				
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	$\begin{array}{cccc} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
5	⊗ ○ IN OUT	No discharge from eyes, nose, and mouth	0 0 0 1 0.5 0	0	0	0
Pro		amination by Hands .2652, .2653, .2655, .265	6			
6	⊗ ○ IN OUT	Hands clean & properly washed	$ \begin{smallmatrix} \bigcirc & \bigcirc & \bigcirc \\ 4 & 2 & 0 \end{smallmatrix} $	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	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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 0 $	0	0	0
12	O O 🗞 O IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 \bigcirc 1 \bigcirc 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 O O O 3 1.5 0	0	0	0
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	0 0 0 2 1 0	0	0	0
Po		rdous Food Time/Temperature .2653				
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0
18	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooling time & temperatures	0 0 0 3 1.5 0	0	0	0
19	⊗ ○ ○ ○ IN OUT N/A N/O	Proper hot holding temperatures	0 0 0 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	O O & O IN OUT N/A N/O	Time as a public health control: procedures & records	○ ○ ○ 2 1 0	0	0	0
Со	nsumer Advis	sory .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	ghly Susceptil	ole Populations .2653				
24	O O & IN OUT N/A	Pasteurized foods used; prohibited foods not offered	○ ○ ○ 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0
Со	nformance wi	th Approved Procedures .2653, .2654,	.2658			
27	O O &	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	000		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 6214 Establishment ID: 3034012156

I	Instri	iction	s con	tinued
ı	เบเรเน	JUILOIT	5. GUH	unuea

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:

Person in Charge (Print)

Person in Charge (Signature)

Regulatory Authority (Print)

Regulatory Authority (Signature)

Contact Number: (336)703-3141

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

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: \_\_\_\_\_\_ No. of Repeat Risk Factor/Intervention Violations:

53

54

IN OUT

OUT

# Good Retail Practices Preventative measures to control the additi

	Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Co	omplia	nce Statu	ıs	OUT	CDI	R	VR		
Sa	ife Foo	od and V	Vater .2653, .2655, .2658						
28	⊗ IN	OUT	Pasteurized eggs used where required	0 0 0 1 0.5 0	0	0	0		
29	⊗ IN	OUT	Water and ice from approved source	0 0 0 2 1 0	0	0	0		
30		O & UT N/A	Variance obtained for specialized processing methods	1 0.5 0	0	0	0		
Fo	od Te	mperatu	ure Control .2653, .2654						
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	1 0.5 0	0	0	0		
32	IN OU	TN/A N/C	Plant food properly cooked for hot holding	1 0.5 0	0	0	0		
33	_	O O T N/A N/O	Approved thawing methods used	1 0.5 0	0	0	0		
34	⊗ IN	OUT	Thermometers provided & accurate	0 0 0 1 0.5 0	0	0	0		
Fo	od Ide	entificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	$\bigcirc \bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ 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	$\bigcirc \bigcirc \bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$ 1 0	0	0	0		
37	O IN	⊗ OUT	Contamination prevented during food preparation, storage & display	○ <b>⊗</b> ○ 2 1 0	0	0	0		
38	⊗ IN	OUT	Personal cleanliness	0 0 0 1 0.5 0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0 0 0 1 0.5 0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables	0 0 0 1 0.5 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	⊗ IN	OUT	Utensils, equipment & linens: properly stored, dried & handled	0 0 0 1 0.5 0	0	0	0		
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0 0 0 1 0.5 0	0	0	0		
44	⊗ IN	OUT	Gloves used properly	0 0 0 1 0.5 0	0	0	0		
Ut	ensils	and Eq	uipment .2653, .2654, .2663						
45	O IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	○ <b>⊗</b> ○ 2 1 0	0	0	0		
46	O Z	<b>⊗</b> OUT	Warewashing facilities: installed, maintained, & used; test strips	○ ○ <b>⊗</b> 1 0.5 0	0	0	0		
47	⊗ IN		Non-food contact surfaces clean	0 0 0	0	0	0		
Physical Facilities .2654, .2655, .2656									
48	⊗ IN	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	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned	0 0 0 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		
$\Box$		Ω	$\bigcirc$						

North Carolina Department of Health & Human Services ● Division of Public Health

Environmental Health Section ● Food Protection Program

**Total Deductions:** 

Physical facilities installed, maintained & clean

Meets ventilation & lighting requirements;

00

olo

1 0.5 0

0 0 0 1 0.5 0

Establishment Name: SUBWAY 6214	Establishment ID: 3034012156	Date: 01/28/2013
Location Address: 472 KNOLLWOOD STREET		Status Code: A
City: WINSTON SALEM State: NC		Category #:II
County: 34 Forsyth Zip: 27103		Email 1:
Wastewater System: ⊗ Municipal/Community ○ On-Site System Water Supply: ⊗ Municipal/Community ○ On-Site System		Email 2:
Permittee: MRG SUBWAY INC.		Email 3:
Telephone:		

	Temperature Observations							
Item chicken	Location wic	Temp 40	Item turkey	Location sandwich unit	Temp 40	Item pepperoni	Location 2 door reach-in	Temp 41
steak	wic	40	sliced cheese	sandwich unit	40	sausage	2 door reach-in	41
tmatoes	wic	40	salami	sandwich unit	40	chicken	2 door reach-in	41
meatballs	steam unit	155	chicken	sandwich unit	40	steak	2 door reach-in	41
chicken	steam unit	189	lettuce	sandwich unit	40			
	steam unit	160	tomatoes	sandwich unit	40			
ham	sandwich unit	40	mushrooms	sandwich unit	40			
roast beef	sandwich unit	40	cooked eggs	2 door reach-in	40			

#### **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.

**√** Spell

- The employee health policy in place needs to include reporting of the following illnesses to the person in charge: E. Coli, Salmonella, Shigella, Hepatitis A and Norovirus. These illnesses must be reported to the person in charge and then reported to the Health Department. The handout showing the sample Employee Health Agreement may be used.
- A floor scrubbing brush, extension cord and blower were stored in the preparation sink with onions on the drainboard when I arrived today. Keep all cleaning and exterior maintenance equipment stored separately from food and food contact surfaces.
- The drink refrigerator on the cabinet needs to be placed on 4" legs to allow for cleaning under and around the unit. / The separated pipe on the air drying rack needs to be re-connected. /
- 46 The wash water in the three compartment sink must be maintained at a temperature of at least 110F.



Establishment Name: SUBWAY 6214 Establishment ID: 3034012156

#### **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.

Spell

There are a few holes in the wall beside the three compartment sink that need to be filled in.



Establishment Name: SUBWAY 6214 Establishment ID: 3034012156

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.





Establishment Name: SUBWAY 6214 Establishment ID: 3034012156

#### **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.



