Food Establishment Inspection Report

Establishment Name: SUBWAY Establishment ID: 3034014035

Date: 12/17/2012 Status Code: A						
Time In: $\underline{10} : \underline{000} \overset{\otimes}{\bigcirc} \overset{\text{am}}{\bigcirc}$ Time Out: $\underline{12} : \underline{15} \overset{\bigcirc}{\otimes} \overset{\text{am}}{\bigcirc}$						
Total Time: 2 hrs 15 minutes						
Category #: II						
Establishment Type:						

Instructions:

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

Location Address:	3320 SILAS CREEK PARKWAY
City: WINSTON SA	LEM
State: NC	Zip:
County: 34 Forsyth	
Permittee: BLSR	
Telephone:	
⊗Inspection	
○Re-Inspection	
Wastewater Syste	
⊗Municipal/Comn	nunity
○On-Site System	
Water Supply:	
⊗Municipal/Comn	nunity
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.									
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			
Em	ployee Health	.2652							
2	O & IN OUT	Management, employees knowledge; responsibilities & reporting	○ ○ ⊗ 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 P	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			
Pre		amination by Hands .2652, .2653, .2655, .265	6						
6	O & IN OUT	Hands clean & properly washed	○ ○ ⊗ 4 2 0	8	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	O & IN OUT	Handwashing sinks supplied & accessible	0 0 8 2 1 0	8	0	0			
Ар	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 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			
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	0 0 0 3 1.5 0	0	0	0			
15	⊗ ○ IN OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0			
Ро	tentially Haza	rdous Food Tlme/Temperature .2653							
16	⊗ ○ ○ ○ IN OUT N/A N/O	Proper cooking time & temperatures	0 0 0 3 1.5 0	0	0	0			
17	⊗ ○ ○ ○ IN OUT N/A N/O	Proper reheating procedures for hot holding	○ ○ ○ 3 1.5 0	0	0	0			
18	OOO ⊗ 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	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	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$	0	0	0			
Со	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	hly Susceptil	ple 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0		0	0			
Со		th Approved Procedures .2653, .2654,	.2658						
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\bigcirc \bigcirc \bigcirc$		0	0			

Food Establishment Inspection Report, continued

OUT

OUT

OUT

OUT

⊗ IN

storage & display

Personal cleanliness

37

38

39

40

Establishment Name: SUBWAY

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

- 6. 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".
- Continue to page 3 for "Comment Addendum to Food Establishment Inspection Report".

Signature Block:

Person in Charge (Print)

Contact Number: (336)703-3141

Verification Required Date: ___/ __ /

REHS ID: 1801 - Steed, Scott

No. of Risk Factor/ Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations:

Establishment ID: 3034014035 **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 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 O O O 1 0.5 0 OUT 0 8 0 0 0 1 0.5 0 O O SO O 32 Plant food properly cooked for hot holding 0 0 0 0 0 1 0.5 0 ⊗ ○ 0 Approved thawing methods used 0 IN OUT N/A N/O 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 ⊗ IN OUT 0 0 Insects & rodents not present; no unauthorized animals 0 0 0 36

Contamination prevented during food preparation,

Wiping cloths: properly used & stored

Washing fruits & vegetables

0

0

0

0 0 \bigcirc

0 0 0

0

0 0

0 0

○ ○ ○ 1 0.5 0

0 0 0 1 0.5 0

0 0 0 1 0.5 0

Pr	Proper Use of Utensils .2653, .2654							
41	⊗ IN	OUT	In-use utensils: properly stored	0 0 0 1 0.5 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	O N	⊗ OUT	Single-use & single-service articles: properly stored & used	○ ⊗ ○ 1 0.5 0	0	0	0	
44	⊗ IN	OUT	Gloves used properly	0 0 0 1 0.5 0	0	0	0	
Ut	Utensils and Equipment .2653, .2654, .2663							
45	○ IN	⊗ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	O O & 2 1 0	0	0	0	
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips	0 0 0 1 0.5 0	0	0	0	
47	⊗ IN	OUT	Non-food contact surfaces clean	0 0 0 1 0.5 0	0	0	0	
Ph	Physical Facilities .2654, .2655, .2656							

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

	I	l .
Establishment Name: SUBWAY	Establishment ID: 3034014035	Date: 12/17/2012
Location Address: 3320 SILAS CREEK PARKWAY		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: BLSR INC		Email 3:
Telenhone:		

	Temperature Observations							
Item salamile	Location reach-in cooler	Temp 38	Item cold cuts	Location sandwich table	Temp 37	Item meatballs	Location reheat	Temp 185
spinach	reach-in cooler	42	steak	sandwich table	40			
ham	reach-in cooler	40	chicken	sandwich table	40			
shredded	reach-in cooler	42	lettuce	sandwich table	34			
veggie pattie	reach-in cooler	41	tomatoes	sandwich table	45			
cooked eggs	reach-in cooler	42	tuna	wic - cooling	49			
chicken	steam tab	162	roast beef	wic	40			
turkey	sandwich table	36	tomatoes	wic	42			

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.

An employee health policy agreement must be in place and each employee must be informed and aware of the policy requirements.



- When washing hands, the proper procedure is as follows: wet hands with warm water; dispense soap and lather for at least 15 seconds while paying attention to nail beds and between fingers; rinse in warm water; dry hands with an approved hand drying device or disposable paper towel; turn off faucet without touching the handles of the faucet.
- There was some debris in the back hand sink. No dumping may be done in the hand sink. It is for hand washing only.

The bin that the single use coffee stirrers and coffee cup lids were in had a lot of dust and debris in them. Keep all containers in which single use items are stored clean at all times.



Establishment Name: SUBWAY Establishment ID: 3034014035

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.



The hot water on the left faucet at the three compartment sink will not turn all the way off at the handles and needs to be adjusted.

The tile at the can wash is cracking and needs to be repaired. / There are a few holes in the wall at the can wash and by the back door the need to be filled or patched. Also, wall cleaning is needed around the radio. / Clean ceilings around all vents. / The faucet at the can wash needs to be tightly sealed to the wall.



Establishment Name: SUBWAY Establishment ID: 3034014035

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 Establishment ID: 3034014035

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.



