## Food Establishment Inspection Report

Establishment Name: SUBWAY #14496 1 WFU

Date: <u>Ø 5</u> / <u>Ø 2</u> / <u>2 Ø 1 3</u> Status Code: <u>A</u>								
Time In: $\underline{\emptyset \ 2} : \underline{\emptyset \ 5} \overset{\bigcirc}{\otimes} \overset{am}{pm}$ Time Out: $\underline{\emptyset \ 3} : \underline{4 \ 5} \overset{\bigcirc}{\otimes} \overset{am}{pm}$								
Total Time: 1 hr 40 minutes								
Category #: _II								
Establishment Type: Fast Food Restaurant								

### Instructions:

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

Location Address:	2240 REYNOLDA ROAD									
City: WINSTON SAI	EM									
State: NC	Zip: <sup>27106</sup>									
County: 34 Forsyth  Permittee: ARAMARK INC										
										Telephone:
⊗Inspection	⊗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".

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

Establishment ID: 3034020610

#### Foodborne Illness Risk Factors and Public Health Interventions

Score: 98.5

**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	s	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				
Em	ployee Health									
2	⊗ ○ IN OUT	Management, employees knowledge; responsibilities & reporting	0 0 0 3 1.5 0	0	0	0				
3	⊗ ○ IN OUT	○ ○ ○ 3 1.5 0	0	0	0					
Go	Good Hygienic Practices .2652, .2653									
4	⊗ ○ IN OUT	Proper eating, tasting, drinking, or tobacco use	O O O 2 1 0	0	0	0				
5	5 No discharge from eyes, nose, and mouth OOO O									
Pre		amination by Hands .2652, .2653, .2655, .265								
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	0 0 0 2 1 0	0	0	0				
Ap	proved Sourc	e .2653, .2655								
9	⊗ ○ IN OUT	Food obtained from approved source	○ ○ ○ 2 1 0	0	0	0				
10	O O & IN OUT N/O	Food received at proper temperature	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 1 0 $	0	0	0				
11	⊗ ○ IN OUT	Food in good condition, safe & unadulterated	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc 2 1 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	○ ○ ○ 3 1.5 0	0	0	0				
14	O & IN OUT	Food-contact surfaces: cleaned & sanitized	○ ○ <b>⊗</b> 3 1.5 0	8	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 Tlme/Temperature .2653								
16	O O S O	Proper cooking time & temperatures	○ ○ ○ 3 1.5 0	0	0	0				
17	O O S IN OUT N/A N/O	Proper reheating procedures for hot holding	0 0 0 3 1.5 0	0	0	0				
	O O O S	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				
	⊗ ○ ○ ○ O 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	$ \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $ 2 1 0	0	0	0				
Co	nsumer Advis									
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				
Hig		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				
Chemical .2653, .2657										
25	O O ⊗ 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	0 0 0 2 1 0		0	0				
Со		th Approved Procedures .2653, .2654,								
27	O O & IN OUT N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	$\begin{array}{c c} \bigcirc \bigcirc \bigcirc \bigcirc \\ 2 & 1 & 0 \end{array}$		0	0				

## Food Establishment Inspection Report, continued

Establishment Name: SUBWAY #14496 1 WFU Establishment ID: 3034020610

#### 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:

First Last
Matt Brown

Person in Charge (Print)

Person in Charge (Signature)

First Last

Christy Allred

Regulatory Authority (Print)

Regulatory Juthority (Signature)

Contact Number: ( ) -

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,								
Co	omplian	ce Statu	chemicals, and physical objects into foods.	(	DUT		CDI	R	VR
Safe Food and Water .2653, .2655, .2658									
28	⊗ IN	OUT	Pasteurized eggs used where required		〇 0.5		0	0	0
29	⊗ IN	OUT	Water and ice from approved source	<u>ှ</u>	0	0	0	0	0
30 N OUT N/A Variance obtained for specialized processing methods 1 0.5 0									0
Food Temperature Control .2653, .2654									
31	⊗ IN	OUT	Proper cooling methods used; adequate equipment for temperature control	0	〇 0.5	0	0	0	0
32			Plant food properly cooked for hot holding		O 0.5	0	0	0	0
33	○ ⊗ IN OUT	O O	Approved thawing methods used		<b>⊗</b> 0.5	0	0	0	0
34	⊗ IN	OUT	Thermometers provided & accurate		〇 0.5	0	0	0	0
Fc	od Ide	ntificat	ion .2653						
35	⊗ IN	OUT	Food properly labeled: original container	〇 2	O 1	0	0	0	0
Pr			ood Contamination .2652, .2653, .2654, .2656	6, .2	265	7			
36	⊗ IN	OUT	Insects & rodents not present; no unauthorized animals	2	1	0	0	0	0
37	⊗ IN	OUT	Contamination prevented during food preparation, storage & display	) 2	0 1	0	0	0	0
38	O IN	⊗ OUT	Personal cleanliness	0	0	0	0		
39	⊗ IN	OUT	Wiping cloths: properly used & stored	0	0	0	0		
40	⊗ IN	OUT	Washing fruits & vegetables		〇 0.5	0	0	0	0
Pr	oper U	lse of U	tensils .2653, .2654						
41	⊗ IN	OUT	In-use utensils: properly stored	1	〇 0.5	0	0	0	0
42	○ <b>N</b>	⊗ OUT	Utensils, equipment & linens: properly stored, dried 0.5 0 1 0.5 0						0
43	⊗ IN	OUT	Single-use & single-service articles: properly stored & used	0	0	0			
44	⊗ IN	OUT	Gloves used properly	0	0	0			
Ut		and Eq	uipment .2653, .2654, .2663						
45	⊗ IN	OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	<u> </u>	0	0	0	0
46	⊗ IN	OUT	Warewashing facilities: installed, maintained, & used; test strips		〇 0.5		0	0	0
47	⊗ IN	OUT	Non-food contact surfaces clean		〇 0.5		0	0	0
Ph	nysical	Faciliti	es .2654, .2655, .2656						
48	⊗ IN	OUT	Hot & cold water available; adequate pressure	O 2	0	0	0	0	0
49	⊗ IN	OUT	Plumbing installed; proper backflow devices	) 2	<u> </u>	0	0	0	0
50	⊗ IN	OUT	Sewage & waste water properly disposed	) 2	<u> </u>	0	0	0	0
51	⊗ IN	OUT	Toilet facilities: properly constructed, supplied & cleaned		〇 0.5	0	0	0	0
52	⊗ IN	OUT	Garbage & refuse properly disposed; facilities maintained		〇 0.5	0	0	0	0
53	⊗ IN	OUT	Physical facilities installed, maintained & clean		〇 0.5		0	0	0
54	O IN	⊗ OUT	Meets ventilation & lighting requirements; designated areas used		〇 0.5		0	0	Q
			Total Deductions:	1.	5				
			North Carolina Department of Health & Human Services	• D:			D. L.		- 141-

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

	Commen	t Addend	dum to F	ood E	stablisl	nmen	t Inspec	tion Report	
Location A City: WIN County: 3 Wastewa Water Su Permittee	nt Name: SUBW.  Address: 2240 R  ISTON SALEM  4 Forsyth  Iter System: 8  Ipply: 8  ARAMARK IN  Ine:	EYNOLDA ROA Zij Municipal/Commun Municipal/Commun C	State: 1  State: 1  O: 27106  ity On-Site Sylity On-Site Sylity	NC	Establishm	ent ID: _	3034020610	Date: 05/02/20 Status Code: Category #: _ Email 1: Email 2: Email 3:	Α
			Tempe	erature C	bservatio	ns			
ltem meatball	Location pan 1	Temp 165	Item pepperoni	Location walk-in co	ooler	Temp 38	Item	Location	Temp
meat ball	pan 2	171	steak	walk-in co	cooler 39				
ham	make unit	42	hot water	utensil sir	nk	135			
chicken strips	make unit	40	QA sanitizer	utensil sir	nk	200			

Observations and Corrective Actions

display cooler

41

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. The majority of pans were clean, but a few cleaned pans had food debris on them. CDI-pans were pulled to be re-washed.

air temp

39

40

40

37

A bag of chicken was thawing in a pan of water at 64F. The best thawing procedure is to put product in cooler overnight. Foods can also be 33 thawed under cool (70F) running water. Also be sure product does not get so far above safe food temps during thawing process.

Observed employee wear apron in and out of the restroom. Employees need to take off their aprons before going to the bathroom.

Keep working on air drying, several pans were stacked wet.

chicken

lettuce sliced

ham

38

make unit

make unit

make unit

walk-in cooler

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #14496 1 WFU Establishment ID: 3034020610

## **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. Condensation is getting inside of the light fixtures in the walk-in cooler and freezer.





## Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #14496 1 WFU Establishment ID: 3034020610

### **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.





# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #14496 1 WFU Establishment ID: 3034020610

### 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.



