

Food Establishment Inspection Report

Score: 95

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

Date: 11 / 19 / 2012 Status Code: U
 Time In: 02 : 35 am pm Time Out: 5 : 00 am pm
 Total Time: 2 hrs 25 minutes
 Category #: II
 Establishment Type: _____

Instructions:

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

Location Address: 532 MARTIN LUTHER KING JR DR
 City: WINSTON SALEM
 State: NC Zip: 27101
 County: 34 Forsyth
 Permittee: HEY S PHILLY STEAK AND SUBS, INC
 Telephone: _____
 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											
Risk factors: Contributing factors that increase the chance of developing foodborne illness. Public Health Interventions: Control measures to prevent foodborne illness or injury.											
Compliance Status								OUT	CDI	R	VR
Supervision .2652											
1	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	PIC Present: Demonstration-Certification by accredited program and perform duties				<input type="radio"/> 2	<input checked="" type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Employee Health .2652											
2	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Management, employees knowledge; responsibilities & reporting				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices .2652, .2653											
4	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Proper eating, tasting, drinking, or tobacco use				<input type="radio"/> 2	<input type="radio"/> 1	<input checked="" type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	No discharge from eyes, nose, and mouth				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Hands clean & properly washed				<input type="radio"/> 4	<input checked="" type="radio"/> 2	<input type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly allowed				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Handwashing sinks supplied & accessible				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Approved Source .2653, .2655											
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food obtained from approved source				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/O	Food received at proper temperature				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food in good condition, safe & unadulterated				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Required records available: shellstock tags, parasite destruction				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Protection from Contamination .2653, .2654											
13	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Food separated & protected				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
14	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	Food-contact surfaces: cleaned & sanitized				<input type="radio"/> 3	<input checked="" type="radio"/> 1.5	<input type="radio"/> 0	<input checked="" type="radio"/>	<input type="radio"/>
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cooking time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper reheating procedures for hot holding				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
18	<input type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input checked="" type="radio"/> N/O	Proper cooling time & temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper hot holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper cold holding temperatures				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0
21	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	<input type="radio"/> N/O	Proper date marking & disposition				<input type="radio"/> 3	<input type="radio"/> 1.5	<input checked="" type="radio"/> 0
22	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	<input type="radio"/> N/O	Time as a public health control: procedures & records				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
Consumer Advisory .2653											
23	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Consumer advisory provided for raw or undercooked foods				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
Highly Susceptible Populations .2653											
24	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Pasteurized foods used; prohibited foods not offered				<input type="radio"/> 3	<input type="radio"/> 1.5	<input type="radio"/> 0	<input type="radio"/>
Chemical .2653, .2657											
25	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Food additives: approved & properly used				<input type="radio"/> 1	<input type="radio"/> 0.5	<input type="radio"/> 0	<input type="radio"/>
26	<input type="radio"/> IN	<input checked="" type="radio"/> OUT	<input type="radio"/> N/A	Toxic substances properly identified stored, & used				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input checked="" type="radio"/>
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input type="radio"/> IN	<input type="radio"/> OUT	<input checked="" type="radio"/> N/A	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan				<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/>



Food Establishment Inspection Report, continued

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

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".

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

Signature Block:

X Alex Khapir X
Person in Charge (Print)

X [Signature]
Person in Charge (Signature)

Tony Williams
Regulatory Authority (Print)

[Signature]
Regulatory Authority (Signature)

Contact Number: (____) ____ - ____

Verification Required Date: ____ / ____ / ____

REHS ID: 1846 - Williams, Tony

No. of Risk Factor/
Intervention
Violations: 8

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
Safe Food and Water .2653, .2655, .2658					
28	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Pasteurized eggs used where required	1	0	0
29	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Water and ice from approved source	2	1	0
30	<input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A	Variance obtained for specialized processing methods	1	0	0
Food Temperature Control .2653, .2654					
31	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0	0
32	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O	Plant food properly cooked for hot holding	1	0	0
33	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O	Approved thawing methods used	1	0	0
34	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Thermometers provided & accurate	1	0	0
Food Identification .2653					
35	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Personal cleanliness	1	0	0
39	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Wiping cloths: properly used & stored	1	0	0
40	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Washing fruits & vegetables	1	0	0
Proper Use of Utensils .2653, .2654					
41	<input checked="" type="radio"/> IN <input type="radio"/> OUT	In-use utensils: properly stored	1	0	0
42	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0	0
43	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Single-use & single-service articles: properly stored & used	1	0	0
44	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Gloves used properly	1	0	0
Utensils and Equipment .2653, .2654, .2663					
45	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0	0
47	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Non-food contact surfaces clean	1	0	0
Physical Facilities .2654, .2655, .2656					
48	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Hot & cold water available; adequate pressure	2	1	0
49	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toilet facilities: properly constructed, supplied & cleaned	1	0	0
52	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0	0
53	<input checked="" type="radio"/> IN <input type="radio"/> OUT	Physical facilities installed, maintained & clean	1	0	0
54	<input type="radio"/> IN <input checked="" type="radio"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0	0
Total Deductions:			5		

Comment Addendum to Food Establishment Inspection Report

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

Date: 11/19/2012

Location Address: 532 MARTIN LUTHER KING JR DR

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27101

Wastewater System: Municipal/Community On-Site System

Water Supply: Municipal/Community On-Site System

Permittee: HEY S PHILLY STEAK AND SUBS, INC

Telephone: _____

Status Code: U

Category #: II

Email 1:

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
steak	hot holding grill	138	turkey ham	walk-in cooler	34			
cheese	make top	37	hot water	3 comp sink	148			
tomatoes	make top	39	hot dog	initial check	90			
roast beef	make unit bottom	41	hot dog	recheck	179			
cole slaw	ice bath	42						
chili	hot holding	160						
bologna	cold tek	37						
hamburger	final cook	193						

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.

- 1 PIC did not meet requirements for demonstrating food safety knowledge. The PERSON IN CHARGE shall demonstrate this knowledge by being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. Manager is aware and looking for information of classes.
- 2 Employee health policy is not implemented. FOOD EMPLOYEES and CONDITIONAL EMPLOYEES must be informed of their responsibility to report in accordance with LAW, to the PERSON IN CHARGE, information about their health and activities as they relate to diseases that are transmissible through FOOD, as specified under ¶ 2-201.11(A). Manger give information on employee health.
- 4 Employee coffee cups was stored above plastic wrap. Beverage was not covered. Ensure employee beverages are stored in a manner that prevents contamination of food and utensils. Keep beverages covered. Beverage was relocated and manger told to keep them covered.
- 6 Employee observed washing hands without the use of soap and operating the faucet handle without using a barrier between the hand and faucet.
 Employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms: (1) Rinse under clean, running warm water; (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer; (3) Rub together vigorously for at least 10 to 15 seconds while:
 - (a) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, and
 - (b) Creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, finger tips, and



Comment Addendum to Food Establishment Inspection Report

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

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.



- 13 Food items were found partially covered. Flour uncovered on bottom of work table. Sugar was found unsealed in the package. Keep food covered. Seal dry food items in storage. Items covered.
- 14 Some dishes needed additional cleaning. Wash, rinse, and sanitize properly. One sanitizer bottle was empty. Maintain chlorine sanitizer at 50 ppm or above. Dishes were found in hot water sanitizing vat at 110 F. Sanitize dishes in water at 171 F or above. T stick turned on to 200 F and sanitizer in bottle corrected during inspection. Dishes sent for rewashing.
- 21 Date marking has not been implemented. For items that are not used within 24 hours, date mark for 7 days if held at 41 F or below (4 days if 45 F or below) once the package has been opened or discard after manufacturers use by date whichever is shorter. For items that are cooked follow the date marking procedure for 7 or 4 days as mentioned above. Manufacturers use by date does not apply once cooked. Manager educated.
- 26 Glass cleaner found in unlabeled container. Label all chemicals with common name if removed from original container.
- 35 Cooking oil and breading found unlabeled. Label food containers with the name of the contents when removed from the original container.
- 39 Wet wiping cloths shall be stored in sanitizer.
- 45 Repair items as listed on the comment addendum provided. Display cooler does not appear to meet NSF standard or equivalent. Replace or provide information that it meets standard.

Comment Addendum to Food Establishment Inspection Report

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

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

- 54 Lighting low in the kitchen cooking area at less than 50 f/c. Provide 50 f/c of light at the cooking surface along the cook line. Refer to the comment addendum for lighting information.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: PHILLY S STEAK AND SUBS

Establishment ID: 3034020762

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.

