

Food Establishment Inspection Report

Score: 97.5Establishment Name: SUBWAY #34371Establishment ID: 3034011633Location Address: 1130 S MAIN STREET☒ Inspection ☐ Re-InspectionCity: KERNERSVILLEState: NCDate: 07 / 27 / 2015 Status Code: AZip: 27284County: 34 ForsythTime In: 08 : 05 ^{am}_{pm} Time Out: 09 : 50 ^{am}_{pm}Total Time: 1 hr 45 minutesPermittee: TTC INC.Category #: IITelephone: (336) 993-3710FDA Establishment Type: Fast Food RestaurantWastewater System: ☒ Municipal/Community ☐ On-Site SystemNo. of Risk Factor/Intervention Violations: 3Water Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Repeat Risk Factor/Intervention Violations:

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.											
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR
Supervision .2652											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0					
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	15	0				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	15	0				
Good Hygienic Practices .2652, .2653											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	05	0				
Preventing Contamination by Hands .2652, .2653, .2655, .2656											
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	15	0				
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2		<input checked="" type="checkbox"/>	0			
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0				
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	15	0				
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	15		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0				
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	15	0				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	15	0				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	15	0				
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	15	0				
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	15	0				
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	15	0				
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0				
Consumer Advisory .2653											
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	05	0				
Highly Susceptible Populations .2653											
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	15	0				
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	05	0				
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0				
Conformance with Approved Procedures .2653, .2654, .2658											
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	1	0				

Good Retail Practices											
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
IN	OUT	N/A	N/O	Compliance Status				OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658											
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	05	0				
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	05	0				
Food Temperature Control .2653, .2654											
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	05	0				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	05	0				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	05	0				
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	05	0				
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0				
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0				
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	05	0				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	05	0				
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	05	0				
Proper Use of Utensils .2653, .2654											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	05	0				
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1		<input checked="" type="checkbox"/>	0			
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	05	0				
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	05	0				
Utensils and Equipment .2653, .2654, .2663											
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1		<input checked="" type="checkbox"/>			
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	05	0				
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1		<input checked="" type="checkbox"/>	0			
Physical Facilities .2654, .2655, .2656											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	1	0				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0				
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	05	0				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	05	0				
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1		<input checked="" type="checkbox"/>	0			
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	05		<input checked="" type="checkbox"/>			
Total Deductions:										2.5	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #34371

Location Address: 1130 S MAIN STREET

City: KERNERSVILLE State: NC

County: 34 Forsyth Zip: 27284

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: TTC INC.

Telephone: (336) 993-3710

Establishment ID: 3034011633

☒ Inspection ☐ Re-Inspection Date: 07/27/2015

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: subwayoffice@yahoo.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
servsafe	Susan Yokley 8-5-19	00	quat sanitizer	three comp sink	200			
lettuce	reach in	44	scrambled	make unit	43			
scrambled	walk in cooler	44	juice	upright fridge	45			
lettuce	make unit	45						
tomato	make unit	45						
chicken salad	make unit	44						
meatballs	hot hold	135						
hot water	three comp sink	140						

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.

- 6 2-301.14 When to Wash - P: 0 pts. One food employee fixed hair under hat, then continued unloading stock without washing hands. Hands shall be washed at any time of contamination. CDI: Employee washed hands when directed.
- 8 5-205.11 Using a Handwashing Sink-Operation and Maintenance - PF: Packages of tuna draining into handwashing sink. A handwashing sink shall be maintained so that it is accessible at all times and not used for any other purpose. CDI: Tuna packages were moved to prep table.
- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P: 0 pts. One scoop soiled. Food contact surfaces of equipment and utensils shall be clean to sight and touch. CDI: Scoop moved to be washed.



Person in Charge (Print & Sign): Susan *First* Yokley *Last*

Regulatory Authority (Print & Sign): Michelle *First* Bell *Last*

Susan Yokley

Michelle Bell

REHS ID: 2464 - Bell, Michelle

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3141



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- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C: 0 pts. Cappucino machine being used to hold case of chips and condiments. This is not an approved means of storage. Provide shelving or dunnage racks to store food products and remove old/unused equipment from the premises if there is no room for storage. CDI: Items moved off of machine and onto approved storage.
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C: Two stacks of small black containers stacked wet. After equipment and utensils are washed, rinsed, and sanitized, they shall be air-dried.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C: : 0 pts. Walk in freezer panels beginning to become separated from interior of freezer causing some gaps. Replace caulking as needed and repair any gaps of greater than 1/8th inch prior to caulking. / Front handwash sink (next to Isee machine) needs caulk along the splashguard on the left side (water is migrating beneath and mildewing). Equipment shall be maintained in good repair.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C: Shelving above three compartment sink and prep sink soiled with dust. Wrapping around chains attaching shelving to walls soiled. Nonfood contact surfaces of equipment shall be cleaned at a frequency to prevent accumulation of dust and debris. Clean.
- 53 6-501.12 Cleaning, Frequency and Restrictions - C: Some dust accumulation in ordering area around ceiling. Clean at a frequency necessary to prevent accumulation./ Some build-up of soil around transition stripping between types of floorings in customer ordering area of kitchen./ Debris present under chemical storage tower next to carwash. / One dead pest seen in walk in freezer. Clean all areas.
- 54 6-303.11 Intensity-Lighting - C: 0 pts. Lighting is low at customer beverage station at 10 fcd. Increase lighting to 20 fcd, as required for customer self-service stations.



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