Food Establishment Inspection Report

Establishment Name: SUBWAY 20472
Location Address: 301 N MAIN STREET

Establishment ID: 3034012600

Inspection Re-Inspection

City: WINSTON SALEM State: NC Date: 02/20/20 Status Code: A Zip: 27101 County: 34 Forsyth Time In: 10 : 05 = 0 Time Out: 12 : 40 = 0 pm

Permittee: NEWSOME KITE INVESTMENTS

Total Time: 2 hrs 35 minutes

Category #: II

Telephone: (336) 703-0779

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: Meat and Poultry Department

	Wastewater System. And incipal/Community On-Site System No. of Risk Factor/Intervention Violations: 2 No. of Repeat Risk Factor/Intervention Violations: 1																	
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.									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							VR	IN	IN OUT N/A N/O Compliance Status OUT							I R	VR	
Supervision .2652									Safe	Safe Food and Water .2653, .2655, .2658								
1		\times			PIC Present; Demonstration-Certification by accredited program and perform duties		ଆଘା∑	◁▢	28 🗆		X		Pasteurized eggs used where required	1	0.5	▯▢		
E	mpl	oye	He	alth					29 🔀				Water and ice from approved source	2	1	0		
2	X				Management, employees knowledge; responsibilities & reporting	3 1.5			30 🗆	ıП	×		Variance obtained for specialized processing	1	0.5	0 [加	П
3	X				Proper use of reporting, restriction & exclusion	3 1.5				d Ten		ratur	methods e Control .2653, .2654					
G	000	Ну	jieni	ic P	ractices .2652, .2653					Proper cooling methods used; adequate					0.5	0	ΤП	П
4	X				Proper eating, tasting, drinking, or tobacco use	21			32	+	×		equipment for temperature control Plant food properly cooked for hot holding	1	0.5			\exists
5	X				No discharge from eyes, nose or mouth	1 0.5			\vdash	=			,	F			#	#
P	reve	eventing Contamination by Hands .2652, .2653, .2655, .2656							33	+-	Ш	Ш	Approved thawing methods used	1	0.5	0 _	1111	Ш
6	X				Hands clean & properly washed 420 -				34				Thermometers provided & accurate	1	0.5	0 [
7	X				No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5			Food	$\overline{}$	ntific	catio	n .2653		H.	—	-	
8	X	_			Handwashing sinks supplied & accessible			10	35	Food properly labeled: original container				2	1	0		
Approved Source .2653, .2655									$\overline{}$	n o	f Foo	nd Contamination .2652, .2653, .2654, .2656, .265 Insects & rodents not present; no unauthorized				_		
9	X		300	uic	Food obtained from approved source	21		ПП	36	Ш			animals	2	1		Щ	
10				X	• • • • • • • • • • • • • • • • • • • •				37				Contamination prevented during food preparation, storage & display	2	1	▯▢		
\vdash				_					38 🔀				Personal cleanliness	1	0.5	0 [垣
Н	X		_		Food in good condition, safe & unadulterated Required records available: shellstock tags,	21			39 🔀				Wiping cloths: properly used & stored	1	0.5	0 [
12	<u></u>		X	Ш	parasite destruction	21			40 🔀	ıПП	П		Washing fruits & vegetables	1	0.5	0	怞	П
П	Protection from Contamination .2653, .2654								se o	f Ute	ensils .2653, .2654							
H	X		Ц	Ш	Food separated & protected				41 🔀	$\overline{}$			In-use utensils: properly stored	1	0.5	0 [ī	П
14	X	Ш			Food-contact surfaces: cleaned & sanitized	3 1.5		44	42 🔀				Utensils, equipment & linens: properly stored, dried & handled	1	0.5		௱	\Box
\perp	X				Proper disposition of returned, previously served, reconditioned, & unsafe food	21			43 🔀	+			Single-use & single-service articles: properly	1	4	= -		\equiv
П	ote	ntiall	_		rdous Food Time/Temperature .2653			10	\vdash	+-			stored & used	F	#	= -	#	\pm
16	<u>⊔</u>		X		1 3 2 1									1	0.5		1	Ľ
17	X	Ш	Ш	Ш	Proper reheating procedures for hot holding	3 1.5		4		T	anu	Equ	Equipment, food & non-food contact surfaces			T		
18				×	Proper cooling time & temperatures	3 1.5			45				approved, cleanable, properly designed, constructed, & used	2	1	X L		Ľ
19		X			Proper hot holding temperatures	3 🔀			46				Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0 [
20	X				Proper cold holding temperatures	3 1.5			47 🔀				Non-food contact surfaces clean	1	0.5	0 [ıΠ
21	X				Proper date marking & disposition	3 1.5			Phys	sical	Faci	ilities	.2654, .2655, .2656					
22			X		Time as a public health control: procedures & records	21			48 🔀				Hot & cold water available; adequate pressure	2	1	▯▢		
С	ons	ume		lvis					49 🔀				Plumbing installed; proper backflow devices	2	1	0 [
23			X		Consumer advisory provided for raw or undercooked foods	1 0.5			50 🗷				Sewage & waste water properly disposed	2	1	0 [
Н	igh	y Sı	sce	ptib	ole Populations .2653				51 🔀	+	П		Toilet facilities: properly constructed, supplied	1	0.5	ᆔ	怞	\vdash
24			X		Pasteurized foods used; prohibited foods not offered	3 1.5			\vdash	+	Н		& cleaned Garbage & refuse properly disposed; facilities	E			岩	\pm
C	hen	nical	$\overline{}$.2653, .2657			$\overline{+}$	52 🔀	+			maintained	1	0.5	_		
25			X		Food additives: approved & properly used	1 0.5			53 🗆				Physical facilities installed, maintained & clean	×	0.5	0 [
26	X				Toxic substances properly identified stored, & used	21			54 🗷				Meets ventilation & lighting requirements; designated areas used	1	0.5			
Conformance with Approved Procedures .2653, .2654, .2658													Total Doductions	4	.5			
27			X		Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	21							Total Deductions:	7	•			





			<u>ndum to</u>	<u> </u>	stablis	<u>nment</u> I	<u>nspection</u>	<u>Report</u>	
Establishm	e nt Nam e: SUBWAY 204	72			Establis	shment ID	: 3034012600		
Location A	Address: 301 N MAIN STF	REET			⊠Insp∈	ection 🗌	Re-Inspection	Date: 02/20/202	0
City:_WINS	STON SALEM		Sta	Comment Addendum Attached? Status Code: A					
County: 3	4 Forsyth		Zip: 27101		Water sar	mple taken?	Yes No	Category #:	
	System: Municipal/Commu				Email 1	. ANEWSON	ME2@GMAIL.COM	1	
Water Supp	ly: ⊠ Municipal/Commu : NEWSOME KITE INVES		On-Site System		Email 2				
	e:_(336) 703-0779				Email 3				
<u> </u>			Tempe	erature C	Dbservati				
	Co	ld Hol					ees or less		
Item hot water	Location utensil sink	Temp 120	Item ham	Location cold servi		Temp 40		Location	Temp
quat	3 comp sink	150	steak	cold servi	ng line	40			
meatballs	hot holding	129	lettuce	cold servi	ng line	41			
meatballs	reheated for hot hold	167	tomatoes	cold servi	ng line	40			
chicken	hot holding	178	tuna salad	cold servi	ng line	40			
meatballs	heat for hot hold	197	chix strips	walk in co	oler	39			
turkey	prep cooler	39	steak	walk in co	oler	40	.,		
ambient air	milk cooler	38	pepperoni	walk in co	oler	40			
	.16 (A)(1) Potentially Haz ured 129-141F. Hot foods								
ANSI	.10 Food Equipment, Ce approved. Equipment ex 4-1 and 4-2 of the NC Fo	cept for t	toasters, mixe						
Lock Text									
<u> </u>		Fir	rst		Last		<u> </u>		
Person in Cha	arge (Print & Sign): Ivy			Vance			An Vo	ng(P	
Regulatory A	uthority (Print & Sign): ^{Ang}	<i>Fir</i> ie	rst	Pinyan	Last		mju ?	Imyan	ROKS
	RFHS ID: 1	690 - Pi	nvan. Angie			Vorifica	tion Poquired Dat	· / , ,	

REHS Contact Phone Number: (336)703-2618

North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer.

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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



6-201.11 Floors, Walls and Ceilings-Cleanability - C- REPEAT- The storage closet next to the serving line is used for storing single service items, bulk boxes of chips and bottled drinks. Floor tiles has been installed with cove base. The sheetrock walls are cracked and has peeling paint. There is no transition strip between the tile at the entrance to the closet. Walls and floors shall be constructed and installed so they are smooth and easily cleanable.//6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C- REPEAT- The small piece of corner moulding at doorway near the handsink and prep table is held on with tape. The larger piece of corner moulding needs to be caulked to the wall on both sides of the doorway. Walls shall be maintained in good repair.





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