

Food Establishment Inspection Report

Score: 95

Establishment Name: SUBWAY #44435

Establishment ID: 3034012665

Location Address: 3511 PARKWAY VILLAGE CIR
 City: WINSTON SALEM State: North Carolina
 Zip: 27127 County: 34 Forsyth

Permittee: SUBS INC.

Telephone: (336) 770-5927

Inspection Re-Inspection

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 09/28/2022 Status Code: A

Time In: 10:05 AM Time Out: 12:30 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 5

No. of Repeat Risk Factor/Intervention Violations: 3

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 checked="" type="checkbox"/> OUT/N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> OUT/N/A				
Certified Food Protection Manager		1	0		
Employee Health .2652					
3	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
5	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Procedures for responding to vomiting & diarrheal events		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT				
Proper eating, tasting, drinking or tobacco use		1	0.5	0	
7	<input checked="" type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input checked="" type="checkbox"/> OUT/N/A/N/O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT/N/A				
Handwashing sinks supplied & accessible		2	1	0	
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Toxic substances properly identified stored & used		2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Compliance with variance, specialized process, reduced oxygen packaging 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.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Variance obtained for specialized processing methods		2	1	0	
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: proper original container		2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Personal cleanliness		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	0.5	0	
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Physical facilities installed, maintained & clean		1	0.5	<input checked="" type="checkbox"/>	
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	<input checked="" type="checkbox"/>	
TOTAL DEDUCTIONS:					5



Comment Addendum to Food Establishment Inspection Report

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 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: SUBS INC.
 Telephone: (336) 770-5927

Establishment ID: 3034012665
 Inspection Re-Inspection Date: 09/28/2022
 Comment Addendum Attached? Status Code: A
 Water sample taken? Yes No Category #: II
 Email 1: JASONATSUBWAY@GMAIL.COM
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Meatballs	Hot Hold	140						
Tuna	Make Unit	37						
Ham	Make Unit	30						
Chicken	Make Unit	35						
Lettuce	Make Unit	41						
Tomato	Make Unit	37						
Ambient	Walkin	39						
Pepperoni	Walkin	40						
Tuna	Walkin	38						
Quat Sani	Three-Comp	200						
Hot Water	Prep Sink	130						
Ambient	Beverage Cooler	34						

First
 Person in Charge (Print & Sign): Darrell
First
 Regulatory Authority (Print & Sign): Ebonie

Last
Styers
Last
Wilborn





REHS ID: 3122 - Wilborn, Ebonie
 REHS Contact Phone Number:

Verification Required Date:
 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

Establishment Name: SUBWAY #44435

Establishment ID: 3034012665

Date: 09/28/2022 **Time In:** 10:05 AM **Time Out:** 12:30 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Darrell Styers	11597852	Food Service	08/18/2022	08/18/2027

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.

- 3 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) REPEAT Unable to produce employee health policy. Employee present is new and was able to name most of the illnesses and symptoms. Food employees shall report to the person in charge information about their health and activities as they relate to foodborne illnesses, including 5 symptoms of foodborne illness and the 6 reportable illnesses. CDI New employee reporting agreement provided.
- 5 2-201.11 (A), (B), (C), and (E) Responsibility of Permit Holder, Person in Charge and Conditional Employees (P) REPEAT Establishment does not have written procedures or kit to handle a vomitus or diarrheal event. Food employees shall report to the person in charge information about their health and activities as they relate to foodborne illnesses, including 5 symptoms of foodborne illness and the 6 reportable illnesses. CDI New employee reporting agreement provided.
- 8 2-301.14 When to Wash (P) Employee turned faucet off with bare hands after washing instead of using a barrier. Food employees must wash hands after engaging in activities that contaminate the hands. CDI Education and employee rewashed.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils (P) REPEAT with improvement- Multiple pans checked with sticker label present. Food contact surfaces shall be clean to sight and touch. CDI Person in charge took pans to sink and begin rewashing.

4-602.11 Equipment Food-Contact Surfaces and Utensils - Frequency (P) Person in charge stated utensils and cutting board are washed daily. Nozzles to drink machine soiled. Clean nozzles as often as necessary to preclude the accumulation of soil or mold. Clean the equipment and utensils used with TCS foods at least once every four hours to avoid contamination. CDI Education nozzles replaced.
- 28 7-102.11 Common Name - Working Containers (Pf) One chemical bottle found with blue liquid without a label. Working containers used for storing poisonous or toxic materials such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material. CDI Container was poured out.
- 40 2-402.11 Effectiveness - Hair Restraints (C) REPEAT Employee without beard guard. Use head coverings, beard guards and clothing to restrain body hair from contacting exposed food, equipment, and utensils.

2-303.11 Prohibition - Jewelry (C) One employee wearing a watch while working with food. Remove jewelry on hands and arms while preparing food. A plain ring, such as a wedding band, is allowed.
- 47 4-202.16 Nonfood-Contact Surfaces -(C) REPEAT Fill crevices in make line to be easily cleanable. Non-food contact surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.

4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT Spray arm at dish machine in poor repair, handle came off. Equipment shall be maintained in good repair.
- 51 5-205.15 System Maintained in Good Repair- (C) REPEAT Spray hose attached to the faucet at three-comp has a leak from connection and sprays out beyond sink. Maintain a plumbing system in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) Recaulk hand sink in ladies restroom. Recaulk three-comp sink to wall. Recaulk prep table to wall. Floors, walls, and ceilings including the attachments such as soap and towel dispensers; light fixtures; and heat/ac vents shall be maintained in good repair.
- 56 6-303.11 Intensity - Lighting (C) Replace light in the walk-in freezer.