

Food Establishment Inspection Report

Score: 98.5Establishment Name: SUBWAY 1642 LLCEstablishment ID: 3034012007Location Address: 329 JONESTOWN RD☒ Inspection ☐ Re-InspectionCity: WINSTON SALEMState: NCDate: 11 / 19 / 2015 Status Code: AZip: 27104County: 34 ForsythTime In: 09 : 30 ☒ am ☐ pmTime Out: 11 : 40 ☒ am ☐ pmPermittee: SUBWAY #1642 LLCTotal Time: 2 hrs 10 minutesTelephone: (336) 765-0332Category #: IIWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Fast Food RestaurantWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 0No. of Repeat Risk Factor/Intervention Violations: 0

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed				4	2	0	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	1	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				3	15	0	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals				2	1		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	0	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	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			
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			
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05		
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				1	05		
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	05	0	
Total Deductions:										1.5	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY 1642 LLC

Location Address: 329 JONESTOWN RD

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27104

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

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

Permittee: SUBWAY #1642 LLC

Telephone: (336) 765-0332

Establishment ID: 3034012007

☒ Inspection ☐ Re-Inspection Date: 11/19/2015

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: tvanray@triad.rr.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Chicken	walk in	42	turkey	make unit	44			
tomato	walk in	42	chicken	make unit	44			
roast beef	reach in	42	tomatoes	make unit	45			
ham	reach in	41	hot water	three comp sink	143			
meatballs	hot hold	150	sanitizer	three comp sink (ppm)	200			
broccoli	hot hold	170	ambient air	drink cooler	36			
tuna	make unit	44	Tracy V Ray	4/28/2019	0			
roast beef	make unit	45						

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.

- 36 6-501.112 Removing Dead or Trapped Birds, Insects, Rodents and other Pest - C Light bug trap has excess build up of dead insects. Remove the dead insects from the trap. 0 pts
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Water leak still occurring in walk in freezer with ice build up on vent and on shelving. Remove excess ice and maintain unit to prevent leaking. // Hot water handle at the three compartment sink is broken and needs to be replaced (handle still turns and hot water still functions).
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Cleaning needed in the soda station cabinets are dirt and debris have collected in the door frames and corners. / Dust build up is present on the vent of the oven behind the service line. Clean the vents to remove dust build up. / Staining present under hand wash sink due to oven cleaner stored there. Cleaning needed under hand sink. Non food contact surfaces shall be kept clean.

Person in Charge (Print & Sign): Tracy V. *First* Ray *Last*

Regulatory Authority (Print & Sign): Joseph *First* Chrobak *Last*

Tracy Van Ray

Joseph Chrobak

REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3164



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- 52 5-501.113 Covering Receptacles - C Dumpster door open during inspection. Keep dumpster doors closed when not in use. CDI: Closed during inspection. 0 pts
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Recaulk the three compartment sink as old caulking is worn and torn. Add coved baseboard to the restrooms to aid in cleanablility of the floor/wall transition. 0 pts



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✓
Spell



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