

Food Establishment Inspection Report

Score: 98

Establishment Name: SUBWAY #14496 1 WFU

Establishment ID: 3034020610

Location Address: 2240 REYNOLDA ROAD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 25 / 2015 Status Code: A

Zip: 27106

County: 34 Forsyth

Time In: 10 : 10 ^{am} _{pm} Time Out: 11 : 40 ^{am} _{pm}

Total Time: 1 hr 30 minutes

Permittee: ARAMARK INC

Category #: II

Telephone: _____

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

FDA Establishment Type: Fast Food Restaurant

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

No. of Risk Factor/Intervention Violations: 0

No. 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects & rodents not present; no unauthorized animals | | | 2 | 1 | 0 | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment & linens: properly stored, dried & handled | | | <input checked="" type="checkbox"/> | 05 | 0 | <input checked="" type="checkbox"/> |
| 43 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use & single-service articles: properly stored & used | | | 1 | <input checked="" type="checkbox"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used | | | 2 | 1 | 0 | |
| 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 | 05 | <input checked="" type="checkbox"/> | |
| 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 | | | |

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Comment Addendum to Food Establishment Inspection Report

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☒ Inspection ☐ Re-Inspection Date: 08/25/2015

City: WINSTON SALEM State: NC

Comment Addendum Attached? ☐ Status Code: A

County: 34 Forsyth Zip: 27106

Category #: II

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

Email 1:

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

Email 2:

Permittee: ARAMARK INC

Email 3:

Telephone: _____

Temperature Observations

| Item | Location | Temp | Item | Location | Temp | Item | Location | Temp |
|------------|-------------|------|-----------|-----------------------|------|------|----------|------|
| Tomato | walk in | 39 | sanitizer | three comp sink (ppm) | 200 | | | |
| steak | walk in | 40 | air temp | front cooler | 30 | | | |
| chicken | walk in | 40 | | | | | | |
| roast beef | walk in | 42 | | | | | | |
| toamto | front table | 40 | | | | | | |
| lettuce | front table | 42 | | | | | | |
| tuna | front table | 38 | | | | | | |
| chicken | front table | 39 | | | | | | |

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.

- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C Repeat: Bins and pans stacked wet in storage. Allow all washed and sanitized utensils and equipment to air dry before storing/stacking.
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C A stack of single service clear cups at register are uncovered. All utensils shall be protected from contamination by either being stored in a dispenser or kept in their original protective coverings.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Detail cleaning needed on door of front reach in cooler, and in the edges of the cabinet doors. Cleaning needed on tile transition to walk in cooler and in corners to remove debris. Clean corners of the bread cart to remove food debris. 0 pts.



Person in Charge (Print & Sign): _____
First Last

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




REHS ID: 2450 - Chrobak, Joseph

Verification Required Date: ____ / ____ / ____

REHS Contact Phone Number: (336) 703 - 3164



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- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C Baseboard grout is cracked in the kitchen. Replace damaged grouting to seal holes between baseboard tiles and walls. Recaulk toilets and sink to the floors and walls to aid in cleaning. Add coved base to the restrooms to remove 90 degree points where tile meets floors to allow for easy cleaning.
- 54 6-303.11 Intensity-Lighting - C Light burned out in mop closet/ can wash. Replace burned out bulb. 0 pts



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✓
Spell



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