

Food Establishment Inspection Report

Score: 95

Establishment Name: SUBWAY #23464

Establishment ID: 3034011442

Location Address: 4621 YADKINVILLE RD

☒ Inspection ☐ Re-Inspection

City: PFAFFTOWN

State: NC

Date: 05 / 25 / 2016 Status Code: A

Zip: 27040

County: 34 Forsyth

Time In: 02 : 30 ^{am}_{pm} Time Out: 05 : 00 ^{am}_{pm}

Permittee: PARRISH SUBWAYS, INC

Total Time: 2 hrs 30 minutes

Telephone: (336) 924-3411

Category #: III

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: 6

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties				<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting				3	15	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion				3	15	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653											
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use				2	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth				1	05	0	<input type="checkbox"/>
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	<input 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	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible				2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature				2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated				2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction				2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected				3	15	0	<input type="checkbox"/>
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	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures				3	15	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding				3	15	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures				3	15	0	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				3	15	0	<input type="checkbox"/>
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				3	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition				3	15	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records				2	1	0	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used				1	05	0	<input type="checkbox"/>
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used				2	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>

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	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods				1	05	0	<input type="checkbox"/>
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	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding				1	05	0	<input type="checkbox"/>
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				1	05	0	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate				1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container				2	1	0	<input type="checkbox"/>
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	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				1	05	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored				1	05	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables				1	05	0	<input type="checkbox"/>
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	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled				1	05	0	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used				1	05	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				1	05	0	<input type="checkbox"/>
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"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips				1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				1	05	0	<input 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	<input type="checkbox"/>
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				2	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed				2	1	0	<input type="checkbox"/>
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained				1	05	0	<input type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean				1	05	0	<input type="checkbox"/>
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used				1	05	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Deductions:										5	

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Comment Addendum to Food Establishment Inspection Report

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City: PFAFFTOWN State: NC

County: 34 Forsyth Zip: 27040

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

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

Permittee: PARRISH SUBWAYS, INC

Telephone: (336) 924-3411

Establishment ID: 3034011442

☒ Inspection ☐ Re-Inspection Date: 05/25/2016

Comment Addendum Attached? ☐ Status Code: A

Category #: III

Email 1: parrishsubway@gmail.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Meatballs	Serve Line	140	Hot Water	3-compartment Sink	135			
Salami	Serve Line	45	Ambient	Beverage Cooler	42			
Turkey	Serve Line	49						
Roast Beef	Serve Line	41						
Tomatoes	Serve Line	46						
Steak	Serve Line	58						
Tuna Salad	Reach-in	45						
Chicken	Walk-in	41						

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.

- 1 2-102.12 Certified Food Protection Manager - C - PIC did not have proof of ServSafe certification. At least one employee that has management and supervisory responsibility shall be a certified food protection manager. PIC stated that she has been certified, but has not recieved the certification. Obtain proof of the certification.
- 4 2-401.11 Eating, Drinking, or Using Tobacco - C - 0 pts -Employee beverage stored on the prep table. Employee beverages must be stored in areas where the contamination of food and equipment can not result. CDI - Drink relocated to the shelf under the prep table.
- 8 6-301.11 Handwashing Cleanser, Availability - PF The soap dispenser in the women's restroom was empty. Each hanwashing sink shall be provided with a supply of soap. CDI - PIC refilled soap.
6-301.12 Hand Drying Provision - PF Towels were not dispensing from the towel dispenser in the kitchen. Repair dispenser by replacing batteries. Roll of paper towels provided as corrective action.



Person in Charge (Print & Sign): Monica *First* Guzman *Last*

Regulatory Authority (Print & Sign): Tony Williams *First* Grayson Hodge *Last*

Monica Guzman
Grayson Hodge

REHS ID: 1846 - Williams, Tony

Verification Required Date: / /

REHS Contact Phone Number: (336) 703 - 3161



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- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P - 0 pts - 2 soda nozzles, 5 lids, 3 pans, and 2 slicers were soiled. Equipment and utensils shall be clean to sight and touch. CDI - Items sent to be washed, rinsed, and sanitized.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - Several slices of turkey on the serving line were 49F, one serving of chicken 48F, and one serving of steak was 58F. Potentially hazardous food shall be held at 45F or below for cold holding. CDI - Steak and chicken discarded and turkey placed in walk-in cooler to chill.
- 26 7-207.11 Restriction and Storage-Medicines - P,PF 7-208.11 Storage-First Aid Supplies - P,PF - Advil and rubbing alcohol were stored above the prep table. Poisonous or toxic materials shall be stored so they can not contaminate food and equipment. CDI - Items moved to shelving below the prep table.
- 34 4-204-112 Temperature Measuring Devices-Functionality - PF - Food thermometer is not accurate. Food thermometers shall be read out in increments no greater than 2F in the intended range of use. Repair or replace thermometer. Verification is required by 6-04-16, contact Tony Williams at 336-703-3161.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - 0 pts - Light chipping on shelving in the reach-in cooler and the stopper for the 3-compartment sink is damaged. Replace stopper and repaint shelving.
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF - Sanitizer testing strips are faded and damaged. Replace sanitizer strips to accurately measure the concentration of the sanitizing solution. Verification required by 6-04-16.
- 49 5-203.14 Backflow Prevention Device, When Required - P Backflow prevention devices needed on the cklow prevention devices are required at each point of water use in the establishment. Install ASSE 1022 devices or provide documentantation of built-in backflow prevention from manufacturer. Verification is needed by 6-04-16, contact Tony Williams at 336-703-3161.
5-205.15 System Maintained in Good Repair - P - Leak at the faucet of the 3-compartment sink. Plumbing systems shall be maintained in good repair. Repair.



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- 51 5-501.17 Toilet Room Receptacle, Covered - C - 0 pts - Covered receptacle needed in women's restroom.
- 54 6-303.11 Intensity-Lighting - C - 0 pts - Lighting low in walk-in cooler 1-4 foot candles and walk-in freezer 2-8 ft/c. Lighting shall be at least 10 foot candles in walk-in coolers. Increase lighting.



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