

Food Establishment Inspection Report

Score: 99.5Establishment Name: JERSEY MIKE'S SUBSEstablishment ID: 3034012381Location Address: 4192 CLEMMONS RD☒ Inspection ☐ Re-InspectionCity: CLEMMONSState: NCDate: 08 / 17 / 2016 Status Code: AZip: 27012County: 34 ForsythTime In: 01 : 35 ^{am}_{pm} Time Out: 03 : 25 ^{am}_{pm}Permittee: AGNER ENTERPRISES LLCTotal Time: 1 hr 50 minutesTelephone: (336) 602-2844Category #: IIWastewater System: ☒ Municipal/Community ☐ On-Site SystemFDA Establishment Type: Fast Food RestaurantWater Supply: ☒ Municipal/Community ☐ On-Site SupplyNo. of Risk Factor/Intervention Violations: 2No. 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	0	0	0	0	0
Employee Health .2652											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	15	0	0	0	0	0
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	15	0	0	0	0	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	0	0	0	0
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	05	0	0	0	0	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	0	0	0	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	0	0	0	0
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0	0	0	0	0
Approved Source .2653, .2655											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0	0	0	0	0
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	0	0	0	0
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0	0	0	0	0
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	0	0	0	0
Protection from Contamination .2653, .2654											
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	15	0	0	0	0	0
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	15	0	0	0	0	0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	1	0	0	0	0	0
Potentially Hazardous Food Time/Temperature .2653											
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	3	15	0	0	0	0	0
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	15	0	0	0	0	0
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	3	15	0	0	0	0	0
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	15	0	0	0	0	0
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	15	0	0	0	0	0
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	15	0	0	0	0	0
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	1	0	0	0	0	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	0	0	0	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	0	0	0	0
Chemical .2653, .2657											
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	05	0	0	0	0	0
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0	0	0	0	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	0	0	0	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	0	0	0	0
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	0	0	0	0
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	05	0	0	0	0	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	0	0	0	0
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	05	0	0	0	0	0
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	05	0	0	0	0	0
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0	0	0	0	0	0
Food Identification .2653											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	0	0	0	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	0	0	0	0
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0	0	0	0	0
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	05	0	0	0	0	0
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored	1	05	0	0	0	0	0
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	1	05	0	0	0	0	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	0	0	0	0
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	05	0	0	0	0	0
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	05	0	0	0	0	0
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	05	0	0	0	0	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	0	0	0	0
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	05	0	0	0	0	0
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	05	0	0	0	0	0
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	0	0	0	0
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	0	0	0	0	0
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	1	0	0	0	0	0
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	05	0	0	0	0	0
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	05	0	0	0	0	0
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	1	05	0	0	0	0	0
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	05	0	0	0	0	0
Total Deductions:										0.5	

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Comment Addendum to Food Establishment Inspection Report

Establishment Name: JERSEY MIKE'S SUBS

Location Address: 4192 CLEMMONS RD

City: CLEMMONS State: NC

County: 34 Forsyth Zip: 27012

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

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

Permittee: AGNER ENTERPRISES LLC

Telephone: (336) 602-2844

Establishment ID: 3034012381

☒ Inspection ☐ Re-Inspection Date: 08/17/2016

Comment Addendum Attached? ☐ Status Code: A

Category #: II

Email 1: jmsubs.clemmons@gmail.com

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Roast beef	Final Cook	200	Steak	Walk-in cooler	42			
ServSafe	Joel Agner Exp. 3-6-17	00	Tomato	Walk-in cooler	42			
Turkey	Make-unit cooler	44						
Bacon	Hot hold	135						
Bacon	Shelving	100						
Chicken	Reach-in	37						
Lettuce	make line	43						
Tomato	Make line	44						

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.

- 8 6-301.14 Handwashing Signage - C - 0 pts - Handwashing reminders needed at two handwashing sinks. Handwash reminders shall be posted at all handsinks that food employees use. CDI - Handwash reminders given to person in charge (PIC) and posted.
- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - 0 pts - Two containers of raw meat (Chicken) were stored above packaged bread in the walk-in freezer. Once raw animal products are removed from their original packaging, they shall be stored to prevent cross contamination in freezers. CDI - Containers of raw meat relocated to the bottom shelving.
- 34 4-302.12 Food Temperature Measuring Devices - PF - The temperature measuring device in the establishment does not have a small-diameter probe. A small-diameter probe thermometer shall be provided to measure thin slices of cooked meats and other thin items. Provide small-diameter food thermometer. Verification required by 8-24-16, contact Grayson Hodge at 336-703-3383 or hodgega@forsyth.cc.



Person in Charge (Print & Sign): Joel *First* Agner *Last*

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

Joel Agner

Grayson Hodge REHS1

REHS ID: 2554 - Hodge, Grayson

Verification Required Date: 08 / 24 / 2016

REHS Contact Phone Number: (336) 703 - 3383



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- 37 3-305.11 Food Storage-Preventing Contamination from the Premises - C - 0 pts - Condensate drip from the display cooler was dripping on cheese when the cooler entered defrost mode. Food shall be stored in a clean, dry location. Cheese relocated.
- 49 5-205.15 System Maintained in Good Repair - C - 0 pts - Repair small drip leak at the prep sink faucet. Plumbing systems shall be maintained in good repair. Person in charge stated that plumber has been notified.



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✓
Spell



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✓
Spell

