Food Establishment Inspection Report sco									ore: <u>96.5</u>			
Establishment Name: WHICH WICH SUPERIOR SANDWICHES Establishment ID: 3034012330												
Location Ac	dress: 1969 NORTH PEACEHAVEN RD										X Inspection Re-Inspection	
City: WINST	ON SALEM	Stat	te [.]	NC)			Da	ate	: 0	14/20/2017 Status Code: A	
Zip: 27106	County:	otat						Ti	me	e In	: <u>10</u> : <u>50</u> ^{⊗ am} Time Out: <u>12</u> : <u>1</u>	$0 \otimes pm$
p	BROWN BAG #2 NC INC.							Тс	ota	l Ti	me: 1 hr 20 minutes	0 pm
	Permittee:Category #:											
	(336) 546-7552							F	אכ	Fs	stablishment Type: Fast Food Restaurant	
Wastewater System: Municipal/Community On-Site System No. of Risk Factor/Intervention Violations: 1								1				
Water Supply: Municipal/Community On-Site Supply No. of Repeat Risk Factor/Intervention Violations.								ations:				
Foodborne Illness Risk Factors and Public Health Interventions Good Retail Practices												
	ontributing factors that increase the chance of developing food			13		Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals,						
	nterventions: Control measures to prevent foodborne illness o										and physical objects into foods.	
IN OUT N/A	.2652	OUT	r CD	N R	VR		ıN afe F					OUT CDI R VR
	PIC Present; Demonstration-Certification by accredited program and perform duties	X		ιΓ		28	<u> </u>	_			Pasteurized eggs used where required	
Employee Hea				-		_					Water and ice from approved source	
2 🛛 🗆	Management, employees knowledge; responsibilities & reporting	3 1.5						_			Variance obtained for specialized processing	
3 🛛 🗆												
Good Hygieni	2652, .2653			_		31	1 1		.pei	atur	Proper cooling methods used; adequate equipment for temperature control	
4 🛛 🗆	Proper eating, tasting, drinking, or tobacco use	21				32			X		Plant food properly cooked for hot holding	
5 🛛 🗆	No discharge from eyes, nose or mouth	1 0.5				33					Approved thawing methods used	
	ntamination by Hands .2652, .2653, .2655, .2656			-								
6 🛛 🗆	Hands clean & properly washed	42				_	ood	_	ntifi <i>c</i>	atio	Thermometers provided & accurate	
7 🛛 🗆 🗆	No bare hand contact with RTE foods or pre- approved alternate procedure properly followed	3 1.5									Food properly labeled: original container	
8 🛛 🗆	Handwashing sinks supplied & accessible	21							n of	Foc	od Contamination .2652, .2653, .2654, .2656, .265	7
Approved Sou				Je		36	\mathbf{X}				Insects & rodents not present; no unauthorized animals	210
9 🛛 🗆	Food obtained from approved source	21				37		×			Contamination prevented during food preparation, storage & display	21×
	Food received at proper temperature	21				38	X				Personal cleanliness	10.50
11 🛛 🗆	Food in good condition, safe & unadulterated	21				-	X				Wiping cloths: properly used & stored	
12 🗆 🗖 🛛	Required records available: shellstock tags, parasite destruction	21				-	X				Washing fruits & vegetables	
	n Contamination .2653, .2654	3 1.5		1-		_		r Us	se o	f Ute	ensils .2653,.2654	
						41		X			In-use utensils: properly stored	1 0.5 🗙 🗆 🗆 🗆
14 🛛 🗆	Food-contact surfaces: cleaned & sanitized Proper disposition of returned, previously served,					42	X				Utensils, equipment & linens: properly stored, dried & handled	1 0.5 0
15 🛛 🗆	reconditioned, & unsafe food zardous Food TIme/Temperature .2653	21				43	X				Single-use & single-service articles: properly stored & used	
	Proper cooking time & temperatures	3 1.5				_					Gloves used properly	
	Proper reheating procedures for hot holding							_	nd	Egu	ipment .2653, .2654, .2663	
	Proper cooling time & temperatures	3 1.5				45		\mathbf{X}			Equipment, food & non-food contact surfaces approved, cleanable, properly designed,	2 🗙 0 🗆 🗙 🗆
											constructed, & used Warewashing facilities: installed, maintained, &	
	Proper hot holding temperatures	3 1.5					×				used; test strips	
	Proper cold holding temperatures						X		Enci	litia	Non-food contact surfaces clean	
21 🛛 🗆 🗆	 Proper date marking & disposition Time as a public health control: procedures & 	3 1.5					hysi 🛛			iitie:	s .2654, .2655, .2656 Hot & cold water available; adequate pressure	
		21	0	IL			×				Plumbing installed; proper backflow devices	
Consumer Ad	Consumer advisory provided for raw or	1 0.5				-						
	tible Populations .2653	<u>انتارنی</u>		· -				_			Sewage & waste water properly disposed Toilet facilities: properly constructed, supplied	
24 🗆 🗆 🗷	Pasteurized foods used; prohibited foods not offered	3 1.5	0								& cleaned Garbage & refuse properly disposed; facilities	
Chemical	.2653, .2657					52		X			maintained	
25 🗆 🗆 🔀	Food additives: approved & properly used	1 0.5				53	X				Physical facilities installed, maintained & clean	
26 🛛 🗆 🗆	Toxic substances properly identified stored, & used	21				54	X				Meets ventilation & lighting requirements; designated areas used	1050
	with Approved Procedures .2653, .2654, .2658 Compliance with variance, specialized process,						_	_	-	_	Total Deductions:	3.5
27 🗆 🗖 🛛	reduced oxygen packing criteria or HACCP plan											
allys	North Carolina Department of Health & Human Servin	ces • DHHS										cr CR
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Comment Addendum to Food Establishment Inspection Report

Establishmer	nt Name: <u>WHICH WIC</u>	I SUPERI	OR SANDW	ICHES	Establishment ID: 3034012330					
City: WINST County: 34 Wastewater S Water Supply Permittee:	Forsyth System: 🛛 Municipal/Comm	unity 🗌 (unity 🔲 (_ Zip:_2710 Dn-Site Syster	n	Inspection Comment Addendum	Attached?	Date: <u>04/20/2017</u> Status Code: <u>A</u> Category #: <u>II</u>			
Temperature Observations										
Item	Location	Temp	Item	Location	Temp		Location	Temp		

lettuce	make-unit	42	turkey	make-unit	38	turkey	walk-in cooler	37
tomato	make-unit	39	ham	make-unit	38	chicken	walk-in cooler	35
red peppers	make-unit	37	tuna	make-unit	39	roast beef	walk-in cooler	37
grilled onion	make-unit	37	meatball	make-unit	41	hot water	3-compartment sink	140
sausage	make-unit	39	gyro meat	make-unit	41	quat (ppm)	dispenser	200
sausage	make-unit	41	ambient air	reach-in cooler	43			
roast beef	make-unit	40	ambient air	beverage cooler	40			
corned beef	make-unit	53	ham	walk-in cooler	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.

2-102.12 Certified Food Protection Manager - C - No ANSI certified food protection manager at establishment at time of inspection. An ANSI-certified food protection manager must be at establishment during all hours of operation.

31 3-501.15 Cooling Methods - PF - Corned beef in make-unit measured 53F. Employee stated corned beef was used for large catering order less than an hour previously. Potentially hazardous foods that are cooling must be placed in equipment that is designed to rapidly chill food, such as the walk-in cooler. CDI - Corned beef moved to walk-in cooler.

1

37 3-307.11 Miscellaneous Sources of Contamination - C - Employee cell phone and beverage on prep table during inspection. Employee cell phones and beverages must not be stored where food is prepared. 0 pts.

Person in Charge (Print & Sign):	<i>First</i> Doug	Frail	Last	TAT				
Regulatory Authority (Print & Sign)	<i>First</i> Andrew :	Lee	Last	An Lu				
REHS ID: 2544 - Lee, Andrew Verification Required Date: /								
REHS Contact Phone Number: (336) 703 - 3128								
North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program								
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41 3-304.12 In-Use Utensils, Between-Use Storage - C - Ramiken cups used as scoops in containers of strawberries and pineapple. Scoops must have a handle. 0 pts.

- 45 4-501.11 Good Repair and Proper Adjustment-Equipment C Repeat 3 torn gaskets present on reach-in refrigeration units and torn gasket present on walk-in cooler door. Equipment shall be maintained in good repair. Replace all torn gaskets.
- 52 5-501.114 Using Drain Plugs C Dumpster does not have drain plug. Install drain plug on dumpster. 0 pts.





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