

# Food Establishment Inspection Report

Score: 95

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Establishment ID: 3034012212

Location Address: 3914 COUNTRY CLUB RD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 08 / 06 / 2018 Status Code: A

Zip: 27104 County: 34 Forsyth

Time In: 02 : 45 ☐ am ☒ pm Time Out: 04 : 15 ☐ am ☒ pm

Permittee: FLYNN & DUNNAWAY, LLC

Total Time: 1 hr 30 minutes

Telephone: (336) 768-9000

Category #: II

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: 2

No. of Repeat Risk Factor/Intervention Violations: 1

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
<b>Supervision</b> .2652							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties		2	0
<b>Employee Health</b> .2652							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting		3	13
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion		3	13
<b>Good Hygienic Practices</b> .2652, .2653							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use		2	1
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth		1	03
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656							
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed		4	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	13
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible		2	1
<b>Approved Source</b> .2653, .2655							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source		2	1
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature		2	1
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated		2	1
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction		2	1
<b>Protection from Contamination</b> .2653, .2654							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated & protected		3	13
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized		3	0
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food		2	1
<b>Potentially Hazardous Food Time/Temperature</b> .2653							
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures		3	13
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		3	13
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures		3	13
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures		3	13
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures		3	13
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition		3	13
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records		2	1
<b>Consumer Advisory</b> .2653							
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods		1	03
<b>Highly Susceptible Populations</b> .2653							
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered		3	13
<b>Chemical</b> .2653, .2657							
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used		1	03
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used		2	1
<b>Conformance with Approved Procedures</b> .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

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
<b>Safe Food and Water</b> .2653, .2655, .2658							
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		1	03
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		2	1
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		1	03
<b>Food Temperature Control</b> .2653, .2654							
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		1	03
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		1	03
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used		1	03
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate		1	03
<b>Food Identification</b> .2653							
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container		2	1
<b>Prevention of Food Contamination</b> .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
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display		2	1
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness		1	03
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored		1	03
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables		1	03
<b>Proper Use of Utensils</b> .2653, .2654							
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		1	03
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled		1	03
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used		1	03
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		1	03
<b>Utensils and Equipment</b> .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
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips		1	03
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		0	03
<b>Physical Facilities</b> .2654, .2655, .2656							
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure		2	1
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		2	1
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed		2	1
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned		1	03
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained		1	03
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean		1	0
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used		1	03
Total Deductions:						5	



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program  
DHHS is an equal opportunity employer.

CR  
OF



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Location Address: 3914 COUNTRY CLUB 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: FLYNN & DUNNAWAY, LLC

Telephone: (336) 768-9000

Establishment ID: 3034012212

☒ Inspection ☐ Re-Inspection Date: 08/06/2018

Comment Addendum Attached? ☐ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: II

Email 1: jflynn@yadtel.net

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## Temperature Observations

**Effective January 1, 2019 Cold Holding will change to 41 degrees**

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
lettuce	small make-unit	41	chicken wing	walk-in cooler	37			
grilled chicken	small make-unit	39	roast beef	walk-in cooler	39			
tomato	small make-unit	42	quat (ppm)	3-compartment sink	0			
meatball	large make-unit	41	quat (ppm)	bottle	0			
tomato	large make-unit	40	quat (ppm)	3-comp sink (corrected)	300			
chicken	large make-unit	41	hot water	3-compartment sink	143			
chicken wing	large make-unit	42	ServSafe	Jeffrey Flynn 3-23-22	0			
sausage	large make-unit	40						

## 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.

- 6 2-301.14 When to Wash - P - Employee entered establishment from outside and put up mixer metal bowl without washing hands. Employees must wash hands upon entering establishment and prior to working with clean utensils. CDI - Employee washed hands upon instruction. ✓ Spell
- 14 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration and Hardness - P - Repeat - Quat sanitizer in bottle and at 3-compartment sink measured less than 150 ppm on test strip. Quat sanitizer was coming out of dispenser at less than 150 ppm as well. Quat sanitizers shall be 150-400 ppm. CDI - Small plastic nozzle replaced by manager and quat began dispensing at 300 ppm.
- 47 4-602.13 Nonfood Contact Surfaces - C - Repeat - Wire shelving throughout kitchen has buildup of grease and dust - specifically the clean utensil shelves and shelves in walk-in cooler. Nonfood contact surfaces shall be cleaned at a frequency necessary to maintain them clean.

Lock  
Text



Person in Charge (Print & Sign): Jeffrey First Flynn Last

Regulatory Authority (Print & Sign): Andrew First Lee Last

*Jeffrey Flynn*  
*Andrew Lee REHS*

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  
DHHS is an equal opportunity employer.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Establishment ID: 3034012212

## 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.



- 52 5-501.114 Using Drain Plugs - C - Drain plug missing on dumpster. Contact waste management company to replace missing drain plug on dumpster. 0 pts.
- 53 6-201.11 Floors, Walls and Ceilings-Cleanability - C - Replace missing ceiling tiles in kitchen. Physical facilities shall be easily cleanable. // 6-501.12 Cleaning, Frequency and Restrictions - C - Repeat - Floor cleaning needed in restroom. Floors, walls and ceilings shall be cleaned at a frequency necessary to maintain them clean. // 6-501.16 Drying Mops - C - Mops need to be dried inverted to prevent soiled water from dripping on walls or back onto the mop handle.



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Establishment ID: 3034012212

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Establishment ID: 3034012212

## 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.

✓  
Spell



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: HUNGRY HOWIE'S PIZZA & SUBS

Establishment ID: 3034012212

## 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.

✓  
Spell

