

Food Establishment Inspection Report

Score: 98

Establishment Name: SUBWAY 38507

Establishment ID: 3034014019

Location Address: 7736 N POINT BLVD

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 09/14/2021

Status Code: A

Zip: 27106

County: 34 Forsyth

Time In: 9:50 AM

Time Out: 11:05 AM

Permittee: GURU 2 INC

Total Time: 1 hrs 15 min

Telephone: (336) 896-0660

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: 0

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	N/C	Compliance Status	OUT	CDI	R	VR		
Supervision .2652										Safe Food and Water .2653, .2655, .2658										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	0				28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	0	0			
Employee Health .2652										Food Temperature Control .2653, .2654										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	1	0			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1	0			30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	0	0			
Good Hygienic Practices .2652, .2653										Food Identification .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	1	0			31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0	0			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	0	0			32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	0	0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656										Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	2	0			33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	1	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	1	0			34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	0	0			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0			Proper Use of Utensils .2653, .2654										
Approved Source .2653, .2655										Utensils and Equipment .2653, .2654, .2663										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	1	0			41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0	0			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0			42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0	0			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0	0			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0	0			
Protection from Contamination .2653, .2654										Physical Facilities .2654, .2655, .2656										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	1	0			45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	0	0			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	1	0			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips	1	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			47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	1	0	0			
Potentially Hazardous Food Time/Temperature .2653										Conformance with Approved Procedures .2653, .2654, .2658										
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	1	0			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			
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	3	1	0			Total Deductions: 2										
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	1	0													
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	3	1	0													
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1	0													
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	1	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	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	1	0													
Chemical .2653, .2657																				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	0	0													
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	1	0													



North Carolina Department of Health & Human Services

Division of Public Health • Environmental Health Section

Food Protection Program

Page 1 of

DHHS is an equal opportunity employer. Food Establishment Inspection Report, 3/2013



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY 38507
 Location Address: 7736 N POINT BLVD
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27106
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: GURU 2 INC
 Telephone: (336) 896-0660

Establishment ID: 3034014019
☒ Inspection ☐ Re-Inspection Date: 09/14/2021
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II
 Email 1: sbwsppt@gmail.com
 Email 2:
 Email 3:

Temperature Observations

Effective January 1, 2019 Cold Holding is now 41 degrees or less

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
CFPM	Marco Rodriguez 2/2/22	0.0						
hot water	3 comp sink	146.0						
quat sanitizer ppm	3 comp sink	150.0						
tomatoes	make unit	39.0						
lettuce	make unit	41.0						
egg	make unit	41.0						
turkey	make unit	40.0						
shredded chicken	make unit	40.0						
steak	make unit	40.0						
teriyaki chicken	reach in cooler	41.0						
meatballs	reheat for hot holding	174.0						
tomatoes	walk in cooler	35.0						
tuna salad	walk in cooler	38.0						
ambient air	bottled drink cooler	39.0						

Person in Charge (Print & Sign): Marco *First* Rodriguez *Last*
 Regulatory Authority (Print & Sign): Lauren *First* Pleasants *Last*

Signature

Signature

REHS ID: 2809 - Pleasants, Lauren

Verification Required Date:

REHS Contact Phone Number: (336) 703-3144



North Carolina Department of Health & Human Services

Page 1 of ____

• Division of Public Health • Environmental Health Section
 DHHS is an equal opportunity employer.
 Food Establishment Inspection Report, 3/2013

• Food Protection Program



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY 38507

Establishment ID: 3034014019

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 - A few metal pans stacked wet. Allow cleaned and sanitized utensils and equipment to air dry before stacking. Do not towel dry. 0 pts.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - REPEAT- Remove rust from around drink nozzle boxes on drink machine in dining room. Replace shelves in reach in cooler that are rusting. Recondition the following rusted equipment: underside of prep sink drainboard, basin, and legs; soda shelves; brackets of dish shelves above 3 compartment sink; legs of clean dish shelving and dry storage shelving. Repair broken toilet paper dispenser in men's restroom. Equipment shall be maintained in good repair.
- 4-202.11 Food-Contact Surfaces-Cleanability - PF - REPEAT- Four melted lids, one cracked spatula, and one cracked lid stored in utensil bins. Multiuse food-contact surfaces shall be smooth, and be free of breaks, cracks, pits, and similar imperfections. CDI- Utensils voluntarily discarded by PIC.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C - Additional cleaning needed on rolling cart and inside cabinet doors throughout. Nonfood-contact surfaces shall be free of dust, dirt, food residue, and debris. 0 pts.
- 49 5-205.15 (B) System maintained in good repair - C - Repair leaking Ecolab dispenser tube at chemical attachment. Repair hot water faucet at can wash to be able to turn on more easily. Plumbing systems shall be maintained in good repair.
- 52 5-501.111 Area, Enclosures and Receptacles, Good Repair - C - Latch for dumpster door lock is broken. Receptacles shall be maintained in good repair. Contact waste management company to replace part or dumpster. 0 pts.
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C - Remove screws from FRP above prep table and caulk holes. Seal pipe penetrations in wall behind dining room drink machine. Physical facilities shall be maintained in good repair.
- 6-501.12 Cleaning, Frequency and Restrictions - C- Wall cleaning needed around prep table and walk in cooler. Physical facilities shall be maintained clean. 0 pts.