

Score: 98

Establishment ID: 3034011888

☒ Inspection ☐ Re-Inspection

Date: 01/21/2020

Status Code: A

Zip: 27103 County: 34 Forsyth

Time In: 1:40 PM

Time Out: 3:17 PM

Permittee: CAROLINA SNO, INC

Total Time: 1 hrs 37 min

Telephone: (336) 893-9044

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: 1

No. 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	NO	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"/>	<input type="checkbox"/>	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper use of reporting, restriction & exclusion			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices					.2652, .2653						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose or mouth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Handwashing sinks supplied & accessible			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source					.2653, .2655						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food obtained from approved source			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe & unadulterated			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination					.2653, .2654						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces: cleaned & sanitized			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper disposition of returned, previously served, reconditioned, & unsafe food			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature					.2653						
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures & records			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical					.2653, .2657						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Food additives: approved & properly used			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Toxic substances properly identified stored, & used			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 packaging criteria or HACCP plan			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	NO	Compliance Status			OUT	CDI	R	VR
Safe Food and Water					.2653, .2655, .2658						

Comment Addendum to Food Establishment Inspection Report

Establishment Name: JERSEY MIKE'S SUBS #3156
 Location Address: 1314 CREEKSHIRE WAY
 City: WINSTON SALEM State: NC
 County: 34 Forsyth Zip: 27103
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: CAROLINA SNO, INC
 Telephone: (336) 893-9044

Establishment ID: 3034011888
☒ Inspection ☐ Re-Inspection Date: 01/21/2020
 Comment Addendum Attached? ☒ Status Code: A
 Water sample taken? ☐ Yes ☒ No Category #: II
 Email 1: jghunt16@hotmail.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
Philly Steak	final cook	195.0	Turkey	display case	39.0	C. Sani	3-compartment sink	50.0
Tomatoes	grill make-unit	36.0	Peppered Ham	display case	40.0	Hot Water	3-compartment sink	147.0
Lettuce	grill make-unit	37.0	Cooked Ham	display case	40.0			
Mushrooms	grill make-unit	38.0	Lettuce	serving line	41.0			
Meatballs	hot holding	163.0	Tomatoes	serving line	41.0			
Marinara	hot holding	152.0	Tuna	walk-in cooler	38.0			
Tuna	display case	38.0	Tomatoes	walk-in cooler	40.0			
Roast Beef	display case	39.0	Roast Beef	walk-in cooler	38.0			

Person in Charge (Print & Sign): *First* Spencer *Last* Blue
 Regulatory Authority (Print & Sign): *First* Victoria *Last* Murphy

[Signature]
[Signature]

REHS ID: 2795 - Murphy, Victoria

Verification Required Date:

REHS Contact Phone Number: (336) 703-3814



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: JERSEY MIKE'S SUBS #3156

Establishment ID: 3034011888

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 2-102.11 Demonstration - C: There was no certified food protection manager on shift during the inspection. The person in charge shall demonstrate knowledge of foodborne disease prevention, application of hazard analysis and critical control point principles, and the requirements of this code. The person in charge shall demonstrate this knowledge by being an certified food protection manger who has shown proficiency of required information through passing a test that is part of an accredited program. .
- 47 4-602.13 Nonfood Contact Surfaces - C: Cleaning on condiment shelf and shelves in the walk-in cooler. Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. 0-points
- 49 5-203.14 Backflow Prevention Device, When Required - P: A hose gun was hooked to the hose and no backflow preventer was connected for continuous pressure. A plumbing system shall be installed to preclude backflow of a solid, liquid, or gas contaminant into the water supply system at each point of use at the food establishment, including on a hose bibb if a hose is attached or on a hose bibb if a hose is not attached and backflow prevention is required by law. CDI: PIC removed hose gun