

Score: 94.5

Establishment ID: 3034012832

☒ Inspection ☐ Re-Inspection

State: NC

Date: 09/14/2021

Status Code: A

County: 34 Forsyth

Time In: 10:00 AM

Time Out: 11:40 AM

Permittee: AARICK INC.

Total Time: 1 hrs 40 min

Telephone: (336) 306-9613

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: 4

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/C	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hands clean & properly washed	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Handwashing sinks supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 packing 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	N/C	Compliance Status	OUT	CDI	R	VR			
Safe Food and Water .265												

Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY 64900

Location Address: 222 HARVEY STREET

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: AARICK INC.

Telephone: (336) 306-9613

Establishment ID: 3034012832

☒ Inspection ☐ Re-Inspection Date: 09/14/2021

Comment Addendum Attached? ☒ Status Code: A

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

Email 1: garyghumman@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
meatballs	hot holding	144.0						
soup	hot holding	147.0						
chicken	front make unit	40.0						
egg white	front make unit	40.0						
turkey	front make unit	41.0						
lettuce	front make unit	44.0						
prov. cheese	front make unit	40.0						
tomatoes	front make unit	40.0						
ham	make unit 2	45.0						
ambient	make unit 2	46.0						
ham	make unit 2	44.0						
steak	make unit 2	43.0						
ham	walk in cooler	38.0						
prov. cheese	walk in cooler	39.0						
ambient	walk in cooler	39.0						
hot water	three comp sink	121.0						
quat sani	three comp sink	300.0						

Person in Charge (Print & Sign): Mason Hoskins

Regulatory Authority (Print & Sign): Shannon Maloney

Mason Hoskins

Shannon Maloney

REHS ID: 2826 - Maloney, Shannon

Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3383



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 64900

Establishment ID: 3034012832

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 2-102.12 Certified Food Protection Manager - No certified food protection manager present during inspection. At least one employee who has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an American National Standards Institute (ANSI)-accredited program.
- 6 2-301.12 Cleaning Procedure - (P)- employee used bare hands to turn off faucet handles after washing. Physical barriers such as paper towels shall be used to turn off faucet handles to avoid recontamination of hands. CDI-employee was addressed and rewashed hands.
- 8 6-301.12 Hand Drying Provision - (PF)- Back handwashing sink did not have paper towels. Each handwashing sink shall be supplied with paper towels or another approved hand drying technique. CDI- PIC refilled paper towels.
- 20 3-501.16 (A)(2) and (B) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - (P)-REPEAT Several items such as chicken, ham, turkey, lettuce, and steak measured above 41 degrees. Lettuce was in front cooler. All other items were stored in the make unit. Potentially hazardous foods shall be maintained at a temperature of 41 degrees or below. CDI- Employee voluntarily discarded lettuce. Lids were placed on other foods and the top cover of unit was placed on cooler when not in use.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - make unit below microwaves is not holding temperature and not closing properly. Equipment shall be maintained in a state of good repair.