

# Food Establishment Inspection Report

Score: 92

Establishment Name: SUBWAY #1789

Establishment ID: 3034012664

Location Address: 1527 PETERS CREEK PKWY

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: SUBS INC.

Telephone: (336) 293-6520

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 10/13/2021 Status Code: A

Time In: 2:45 PM Time Out: 6:05 PM

Category#: II

FDA Establishment Type: \_\_\_\_\_

No. of Risk Factor/Intervention Violations: 6

No. of Repeat Risk Factor/Intervention Violations: 2

## 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

Compliance Status		OUT	CDI	R	VR
<b>Supervision .2652</b>					
1	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	PIC Present, demonstrates knowledge, & performs duties	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Certified Food Protection Manager	1	0	
<b>Employee Health .2652</b>					
3	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	1.5	0
5	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Procedures for responding to vomiting & diarrheal events	1	0.5	<input checked="" type="checkbox"/>
<b>Good Hygienic Practices .2652, .2653</b>					
6	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	No discharge from eyes, nose, and mouth	1	0.5	0
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
8	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Hands clean & properly washed	4	2	0
9	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Handwashing sinks supplied & accessible	2	1	0
<b>Approved Source .2653, .2655</b>					
11	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food obtained from approved source	2	1	0
12	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Food received at proper temperature	2	1	0
13	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food in good condition, safe & unadulterated	2	1	0
14	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0
<b>Protection from Contamination .2653, .2654</b>					
15	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food separated & protected	3	1.5	0
16	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	1.5	0
17	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
18	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Proper cooking time & temperatures	3	1.5	0
19	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Proper reheating procedures for hot holding	3	1.5	0
20	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper hot holding temperatures	3	1.5	0
22	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cold holding temperatures	3	<input checked="" type="checkbox"/>	0
23	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper date marking & disposition	3	1.5	0
24	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Time as a Public Health Control; procedures & records	3	1.5	0
<b>Consumer Advisory .2653</b>					
25	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
27	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Food additives: approved & properly used	1	0.5	0
28	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Toxic substances properly identified stored & used	<input checked="" type="checkbox"/>	1	0
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
29	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

## Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
<b>Safe Food and Water .2653, .2655, .2658</b>					
30	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Pasteurized eggs used where required	1	0.5	0
31	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Water and ice from approved source	2	1	0
32	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Variance obtained for specialized processing methods	2	1	0
<b>Food Temperature Control .2653, .2654</b>					
33	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0
35	IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Approved thawing methods used	1	0.5	0
36	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Thermometers provided & accurate	1	0.5	0
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Food properly labeled: original container	2	1	0
<b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b>					
38	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	2	1	0
39	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Contamination prevented during food preparation, storage & display	2	1	0
40	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Personal cleanliness	1	0.5	0
41	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Wiping cloths: properly used & stored	1	0.5	0
42	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Washing fruits & vegetables	1	0.5	0
<b>Proper Use of Utensils .2653, .2654</b>					
43	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	In-use utensils: properly stored	1	0.5	<input checked="" type="checkbox"/>
44	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	<input checked="" type="checkbox"/>
45	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	0.5	0
46	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Gloves used properly	1	0.5	0
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Non-food contact surfaces clean	1	0.5	<input checked="" type="checkbox"/>
<b>Physical Facilities .2654, .2655, .2656</b>					
50	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Hot & cold water available; adequate pressure	1	0.5	0
51	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	0.5	<input checked="" type="checkbox"/>
55	IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Physical facilities installed, maintained & clean	1	<input checked="" type="checkbox"/>	0
56	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
<b>TOTAL DEDUCTIONS:</b>					8



# Comment Addendum to Food Establishment Inspection Report

Establishment Name: SUBWAY #1789  
 Location Address: 1527 PETERS CREEK PKWY  
 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: SUBS INC.  
 Telephone: (336) 293-6520

Establishment ID: 3034012664  
☒ Inspection ☐ Re-Inspection Date: 10/13/2021  
 Comment Addendum Attached? ☒ Status Code: A  
 Water sample taken? ☐ Yes ☒ No Category #: II  
 Email 1: JASONATSUBWAY@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
shaved steak	walk in (4 pans) 45-47	47.0	soup	"	40.0			
water	3 comp	122.0	lettuce	"	40.0			
steak	from walk in to front unit	50.0	tomato	"	41.0			
meatballs	hot hold	162.0	Jessica Mauldin-Blunkall	11-20-25	0.0			
ham	back line	41.0						
tomato	"	41.0						
turkey	"	43.0						
cheese- 2 kinds	"	45.0						
rotisserie chicken	"	44.0						
teryaki chicken	"	43.0						
steak	"	44.0						
meatballs	hot hold	156.0						
soup	front hot hold	138.0						
pepperoni	front make line	46.0						
turkey	"	44.0						
ham	"	45.0						
salami	"	41.0						
steak	"	44.0						
cold cut	"	45.0						
tuna	"	41.0						

Person in Charge (Print & Sign): Jessica *First* Mauldin-Blunkall *Last*  
 Regulatory Authority (Print & Sign): Nora *First* Sykes *Last*

REHS ID: 2664 - Sykes, Nora

Verification Required Date: 10/14/2021

REHS Contact Phone Number: (336) 703-3161



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, 10/2021

• Food Protection Program



# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** SUBWAY #1789

**Establishment ID:** 3034012664

## 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 2-103.11 (A) - (P)/2-102.11 (A), (B) and (C) (1), (4) - (16)- Person in charge shall ensure that employees are routinely monitoring food temperatures and that employees are effectively sanitizing cleaned multi use utensils, including observing the contact time for sanitizers. CDI- Education and verification required under a different code violation.
- 3 2-102.11 (C) (2), (3) and (17) Demonstration- Person in charge unaware of reportable illnesses and could not produce documentation of employee knowledge. Both manager and employee on duty were able to name a couple of symptoms of foodborne illness. Ensure food employees understand when to report illnesses, symptoms and exposure, and what those illnesses and symptoms are. CDI-Education and handout provided.
- 5 2-501.11 Clean-up of Vomiting and Diarrheal Event-Pf- No written procedure in place. Manager stated that EMS is called and does the clean up for any of these events. A FOOD ESTABLISHMENT shall have written procedures for EMPLOYEES to follow when responding to vomiting or diarrhea events that involve the discharge of vomitus or fecal matter onto surfaces in the FOOD ESTABLISHMENT. The procedures shall address the specific actions EMPLOYEES must take to minimize the spread of contamination and the exposure of EMPLOYEES, consumers, FOOD, and surfaces to vomitus or fecal matter. CDI-Education provided. Write a procedure or amend the provided plan to fit your establishment to avoid point deductions in the future.
- 16 4-602.11 Equipment Food-Contact Surfaces and Utensils - Frequency- Thermometer put away soiled. Drink nozzles heavily soiled. Ice machine baffle soiled. Clean and sanitize thermometer before storing. Clean drink nozzles and ice machine at a frequency to avoid accumulation of soil. CDI- Thermometer removed from storage for cleaning.//4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils- REPEAT- One stack of pans soiled with food debris/sticker residue. Food contact surfaces shall be clean to sight and touch. CDI-Moved to sink for cleaning.//4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization - Temperature, pH, Concentration and Hardness- P-Quat at 3 compartment sink at undetectable level. Sanitizer shall be effective per manufacturers directions on concentration. Verification required for proper sanitizer concentration before opening next day.
- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding- Multiple items in both make units and all steak in walk in and in make units above 41F, as noted in temperature log. Maintain TCS foods at 41F or below at all parts of the food. CDI-All steak discarded, other foods moved to walk in cooler to chill.
- 28 7-201.11 Separation - Storage- REPEAT- Glass cleaner of prep table with single service items and bagged chips. POISONOUS OR TOXIC MATERIALS shall be stored so they can not contaminate FOOD, EQUIPMENT, UTENSILS, LINENS, and SINGLESERVICE and SINGLE-USE ARTICLES. CDI-Relocated.//7-204.11 Sanitizers, Criteria - Chemicals- Two bottles labeled sanitizer were either not sanitizer (as indicated by the color of the test strip after testing), or too strong. Chemical sanitizers used on food contact surfaces shall not exceed concentration as designated by manufacturer and the CFR. CDI-Bottles discarded.
- 43 3-304.12 In-Use Utensils, Between-Use Storage- Knives used for sandwiches on soiled portion of stainless make unit. Store in-use utensils in a clean, dry place.
- 44 4-901.11 Equipment and Utensils, Air-Drying Required- Some dishes stacked while still wet. Air dry items before stacking.
- 49 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils- Clean the following: small bread cart, utility cart, make units in crevices, top of bread storage rack in back of kitchen, microwave, drink trough in dining room. Maintain nonfood contact surfaces clean.
- 51 5-205.15 System Maintained in Good Repair- REPEAT- Back hand sink slow to drain. Repair.
- 54 5-501.113 Covering Receptacles- One door open on dumpster. Maintain closed.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability- One cracked floor tile in front of 3 compartment sink. Caulk both toilets to floor in restrooms. //6-501.12 Cleaning, Frequency and Restrictions- Clean ceiling, wall, and vent around oven in back of kitchen.// 6-201.13 Floor and Wall Junctions, Coved, and Enclosed or Sealed- Install coved base in both restrooms.// 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Repair/replace soap and paper towel dispensers at back hand sink-soap dispenser broken, paper towel dispenser not working.