

Food Establishment Inspection Report

Score: 96.5

Establishment Name: SUBWAY #3262

Establishment ID: 3034011734

Location Address: 220 N SUMMIT SQUARE

City: WINSTON SALEM State: North Carolina

Zip: 27105 County: 34 Forsyth

Permittee: GREWALL, INC.

Telephone: (336) 377-9600

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 03/20/2024 Status Code: A

Time In: 11:50 AM Time Out: 1:00 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 1

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

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input checked="" type="checkbox"/> OUT/N/A				
PIC Present, demonstrates knowledge, & performs duties		1	0		
2	<input checked="" type="checkbox"/> OUT/N/A				
Certified Food Protection Manager		1	0		
Employee Health .2652					
3	<input checked="" type="checkbox"/> OUT				
Management, food & conditional employee; knowledge, responsibilities & reporting		2	1	0	
4	<input checked="" type="checkbox"/> OUT				
Proper use of reporting, restriction & exclusion		3	1.5	0	
5	<input checked="" type="checkbox"/> OUT				
Procedures for responding to vomiting & diarrheal events		1	0.5	0	
Good Hygienic Practices .2652, .2653					
6	<input checked="" type="checkbox"/> OUT				
Proper eating, tasting, drinking or tobacco use		1	0.5	0	
7	<input checked="" type="checkbox"/> OUT				
No discharge from eyes, nose, and mouth		1	0.5	0	
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	<input checked="" type="checkbox"/> OUT				
Hands clean & properly washed		4	2	0	
9	<input checked="" type="checkbox"/> OUT/N/A/N/O				
No bare hand contact with RTE foods or pre-approved alternate procedure properly followed		4	2	0	
10	<input checked="" type="checkbox"/> OUT/N/A				
Handwashing sinks supplied & accessible		2	1	0	
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT				
Food obtained from approved source		2	1	0	
12	<input checked="" type="checkbox"/> IN OUT				
Food received at proper temperature		2	1	0	
13	<input checked="" type="checkbox"/> OUT				
Food in good condition, safe & unadulterated		2	1	0	
14	<input checked="" type="checkbox"/> IN OUT				
Required records available: shellstock tags, parasite destruction		2	1	0	
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Food separated & protected		3	1.5	0	
16	<input checked="" type="checkbox"/> OUT				
Food-contact surfaces: cleaned & sanitized		3	1.5	0	
17	<input checked="" type="checkbox"/> OUT				
Proper disposition of returned, previously served, reconditioned & unsafe food		2	1	0	
Potentially Hazardous Food Time/Temperature .2653					
18	<input checked="" type="checkbox"/> IN OUT				
Proper cooking time & temperatures		3	1.5	0	
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper reheating procedures for hot holding		3	1.5	0	
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper cooling time & temperatures		3	1.5	0	
21	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper hot holding temperatures		3	1.5	0	
22	<input checked="" type="checkbox"/> IN OUT/N/A/N/O				
Proper cold holding temperatures		3	1.5	0	
23	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Proper date marking & disposition		3	1.5	0	
24	<input checked="" type="checkbox"/> IN OUT				
Time as a Public Health Control; procedures & records		3	1.5	0	
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT				
Consumer advisory provided for raw/undercooked foods		1	0.5	0	
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT				
Pasteurized foods used; prohibited foods not offered		3	1.5	0	
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT				
Food additives: approved & properly used		1	0.5	0	
28	<input checked="" type="checkbox"/> OUT/N/A				
Toxic substances properly identified stored & used		2	1	0	
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT				
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
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN OUT				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN OUT				
Variance obtained for specialized processing methods		2	1	0	
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> IN OUT				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> OUT/N/A/N/O				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> OUT				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT/N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> OUT				
Utensils, equipment & linens: properly stored, dried & handled		1	0.5	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN OUT				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		X	0.5	0	X X
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> OUT				
Non-food contact surfaces clean		1	0.5	0	
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT/N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> IN OUT				
Plumbing installed; proper backflow devices		2	1	X	X
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT/N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> OUT				
Garbage & refuse properly disposed; facilities maintained		1	0.5	0	
55	<input checked="" type="checkbox"/> IN OUT				
Physical facilities installed, maintained & clean		1	0.5	0	X
56	<input checked="" type="checkbox"/> IN OUT				
Meets ventilation & lighting requirements; designated areas used		1	0.5	0	X
TOTAL DEDUCTIONS:					3.5



Comment Addendum to Food Establishment Inspection Report

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 Permittee: GREWALL, INC.
 Telephone: (336) 377-9600

Establishment ID: 3034011734
 Inspection Re-Inspection Date: 03/20/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: II
 Email 1: dgrewal1@triad.rr.com
 Email 2:
 Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
meatballs/hot hold	156-176				
tuna/sandwich line	41				
rotisserie chicken"	39				
beef"	40				
lettuce"	41				
tomato"	40				
garden veggie patties"	44				
water/3 comp	141				
quat sanitizer"	150ppm				
tomato/walk in	37				
bologna"	37				
salami"	39				

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




REHS ID: 2664 - Sykes, Nora Verification Dates: Priority: Priority Foundation: Core:

REHS Contact Phone Number: (336) 703-3161 Authorize final report to be received via Email:

Comment Addendum to Inspection Report

Establishment Name: SUBWAY #3262

Establishment ID: 3034011734

Date: 03/20/2024 **Time In:** 11:50 AM **Time Out:** 1:00 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Paramjit Grewal		Food Service		04/29/2024

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.

- 22 3-501.16 (A) (2) and (B) Time / Temperature Control for Safety Food, Hot and Cold Holding (P)- REPEAT- Veggie burgers at 44F in make unit. Maintain TCS foods at 41F or below. CDI-Moved to a deeper pan so that these are better able to maintain temperatures.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT- Rust present on threshold of walk in freezer on outside below door. Outside of walk in cooler door at handle is rusting. Shelves in walk in are beginning to rust. Ice build up present in walk in freezer from fan. Equipment shall be maintained in good repair.
- 4-202.11 Food-Contact Surfaces - Cleanability (Pf)- REPEAT- One white bin cracked and in poor repair. Pitcher with pitting. Two knives with peeling handles. Multiuse food-contact surfaces shall be smooth, in good repair, free of sharp angles, chips, pits, inclusions, and finished to have smooth seams and joints. CDI-Item voluntarily discarded.
- 51 5-205.15 (B) Maintain a plumbing system in good repair. - REPEAT- Install strainer over open piping in can wash. Faucet at 3 comp sink loose and leaking.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods (C) REPEAT- Refinish floor of can wash, it has a low area where water stands around the drain. Rusting paper towel dispensers in both restrooms. FRP damage at water heater. Some floor tile damage in front of 3 comp sink. Rubber base coming off wall at freezer. Physical facilities shall be maintained in good repair.
- 56 6-303.11 Intensity - Lighting (C)- REPEAT- Increase lighting in walk in cooler from 2 foot candles to 10 foot candles.
- 6-501.110 Using Dressing Rooms and Lockers (C)- Employee purse on top of foods on dry storage shelf. Lockers or other suitable facilities shall be provided for the orderly storage of employees' clothing and other possessions.