

# 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
<b>Supervision .2652</b>					
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	
<b>Employee Health .2652</b>					
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
<b>Good Hygienic Practices .2652, .2653</b>					
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
<b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b>					
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
<b>Approved Source .2653, .2655</b>					
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
<b>Protection from Contamination .2653, .2654</b>					
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
<b>Potentially Hazardous Food Time/Temperature .2653</b>					
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	0	X X
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
<b>Consumer Advisory .2653</b>					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
<b>Highly Susceptible Populations .2653</b>					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
<b>Chemical .2653, .2657</b>					
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
<b>Conformance with Approved Procedures .2653, .2654, .2658</b>					
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
<b>Safe Food and Water .2653, .2655, .2658</b>					
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
<b>Food Temperature Control .2653, .2654</b>					
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
<b>Food Identification .2653</b>					
37	<input checked="" type="checkbox"/> OUT	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	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
<b>Proper Use of Utensils .2653, .2654</b>					
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
<b>Utensils and Equipment .2653, .2654, .2663</b>					
47	<input checked="" type="checkbox"/> IN OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	X	0.5	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
<b>Physical Facilities .2654, .2655, .2656</b>					
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	X
56	<input checked="" type="checkbox"/> IN OUT	Meets ventilation & lighting requirements; designated areas used	1	0	X
<b>TOTAL DEDUCTIONS:</b>					3.5



# Comment Addendum to Food Establishment Inspection Report

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City: WINSTON SALEM State: NC  
County: 34 Forsyth Zip: 27105  
Wastewater System: ☒ Municipal/Community ☐ On-Site System  
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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): *First*  
Nora

*Last*

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: \_\_\_\_\_



North Carolina Department of Health & Human Services

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● Division of Public Health ● Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 12/2023

● Food Protection Program



## 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.