

Food Establishment Inspection Report

Score: 93.0

Establishment Name: SUBWAY OF ROBBINSVILLE
Location Address: 272 BY PASS
City: ROBBINSVILLE **State:** North Carolina
Zip: 28771 **County:** GRAHAM
Permittee: TIM ROGERS
Telephone: 828 479 1530
Wastewater System: Municipal/Community On-Site System
Water Supply: Municipal/Community On-Site Supply

Establishment ID: 038010062
 Inspection Re-Inspection
Date: 12/31/2020 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 5
No. of Repeat Risk Factor/Intervention Violations: 3

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	PIC Present; Demonstration - Certification by accredited program and perform duties	2	0	X
Employee Health .2652					
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Management, employees knowledge; responsibilities & reporting	3	1.5	0
3	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
Good Hygienic Practices .2652, .2653					
4	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper eating, tasting, drinking, or tobacco use	2	1	0
5	<input type="checkbox"/> IN <input type="checkbox"/> OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
6	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Hands clean & properly washed	4	2	0
7	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	No bare hand contact with RTE foods or preapproved alternate procedure properly followed	3	1.5	0
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	2	1	0
10	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food received at proper temperature	2	1	0
11	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe & unadulterated	2	1	0
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Required records available: shellstock tags, parasit destruction	2	1	0
Protection from Contamination .2653, .2654					
13	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated & protected	3	1.5	0
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
15	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served reconditioned, & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
16	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooking time & temperatures	3	1.5	0
17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper reheating procedures for hot holding	3	1.5	0
18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cooling time & temperatures	3	1.5	0
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper hot holding temperatures	3	1.5	0
20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures	3	1.5	0
21	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking & disposition	3	1.5	0
22	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control: procedures & records	2	1	0
Consumer Advisory .2653					
23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved & properly used	1	0.5	0
26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified stored, & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	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					
28	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized eggs used where required	1	0.5	0
29	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	2	1	0
30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Variance obtained for specialized processing methods	1	0.5	0
Food Temperature Control .2653, .2654					
31	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Approved thawing methods used	1	0.5	0
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
36	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects & rodents not present; no unauthorized animals	2	1	0
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	2	1	0
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	1	0.5	0
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Wiping cloths: properly used & stored	1	0.5	0
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT	In-use utensils: properly stored	1	0.5	0
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Utensils, equipment & linens: properly stored, dried, & handled	1	0.5	0
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used	2	1	0
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Warewashing facilities: installed, maintained, & used; test strips	1	0.5	0
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot & cold water available; adequate pressure	2	1	0
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Sewage & waste water properly disposed	2	1	0
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained & clean	1	0.5	0
54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
Total Deductions:					7.0



Comment Addendum to Food Establishment Inspection Report

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Permittee: TIM ROGERS
Telephone: 828 479 1530

Establishment ID: 038010062
 Inspection **Re-Inspection**
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Date: 12/31/2020
Status Code: A
Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Bacon/Prep top 1st row	45	Lettuce/ prep top 1st row	45		
Tomatoes/ Prep top 2nd row	40	pepperoni/ prep top 3rd row	40		
Meatballs/Hot holding	145	Meatballs/ walk in	38		
Tomatoes/ Walk in	39				
Chicken/ Prep top 1st row	46				
Beef/ Prep top 2nd row	40				
Broccoli Soup/ Hot holding	160				
Onions/ Walk in	40				

Observations and Corrective Actions

Item Number **Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the fo**

- 01 NOT IN COMPLIANCE; REPEAT VIOLATION 2-102.12; A food safety certified manager shall be present whenever food is being prepared or served. No one present had such certification

- 06 NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 2-301.14; Hands shall be cleaned and washed before donning new gloves when changing tasks. Cashier was observed going from the register to putting on gloves to make a sandwich without washing hands. CDI by PIC who corrected to wash hands properly

- 08 NOT IN COMPLIANCE; CORRECTED DURING INSPECTION 5-205.11; Handwashing sinks shall only be used for handwashing. An employee was instructed to mix a bucket of sanitizer for testing. They started to fill up the bucket in the hand washing sink. CDI by PIC who make it proper sink. No points taken

- 14 NOT IN COMPLIANCE; CORRECTED DURING INSPECTION; REPEAT VIOLATION 4-501.114; Sanitizing solutions shall be maintained at the proper concentration. No sanitizer was made up when arriving for inspection. Inspection had to ask employees to mix sanitizer for testing. CDI by employee who mixed to proper strength.

- 20 NOT IN COMPLIANCE; REPEAT VIOLATION 3-501.16; Ready to eat foods shall be cold held at 41 degrees or below. The first row of the prep top was holding foods between 45 and 46 degrees. REPEAT VIOLATION. Get unit checked to ensure no problems with equipment. Employees present didn't know how to adjust hold properly. Recommended keeping the door shut on unit to keep foods cold.

- 46 NOT IN COMPLIANCE; VERIFICATION REQUIRED 4-302.14; Test strips shall be available to test sanitizing solution to ensure proper strength. Bleach sanitizer was used with no test strips. Verification required in 10 days. No points taken as solution was at proper strength when tested with inspectors test strips.

Additional Comments

Person in charge (Print & Sign) _____
Regulatory Authority (Print & Sign): ALLI , GRAY

Verification Required Date: 01/09/2021
REHS ID: 2765
REHS Contact Phone Number: --

