

Food Establishment Inspection Report

Score: 99.0

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: 01/21/2022 **Status Code:** A
Time in: _____ **Time out:** _____
Category#: 2
FDA Establishment Type: _____
No. of Risk Factor/ Intervention Violations: 3
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

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

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	Compliance Status			OUT	CDI	R	VR	
Supervision .2652							Safe Food and Water .2653, .2655, .2658							
1	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PIC Present; Demonstration - Certification by accredited program and perform duties							Pasteurized eggs used where required							
2	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager							Water and ice from approved source							
Employee Health .2652							Food Temperature Control .2653, .2654							
3	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, employees knowledge; responsibilities & reporting							Variance obtained for specialized processing methods							
4	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of reporting, restriction & exclusion							Proper cooling methods used; adequate equipment temperature control							
5	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for responding to vomiting & diarrheal events							Plant food properly cooked for hot holding							
Good Hygienic Practices .2652, .2653							Food Identification .2653							
6	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco use							Approved thawing methods used							
7	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							Thermometers provided & accurate							
Preventing Contamination by Hands .2652, .2653, .2655, .2656							Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657							
8	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean & properly washed							Food properly labeled: original container							
9	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE foods or preapproved alternate procedure properly followed							Insects & rodents not present; no unauthorized animals							
10	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handwashing sinks supplied & accessible							Contamination prevented during food preparation, storage & display							
Approved Source .2653, .2655							Proper Use of Utensils .2653, .2654							
11	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source							Personal cleanliness							
12	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature							Wiping cloths: properly used & stored							
13	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe & unadulterated							Washing fruits & vegetables							
14	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment .2653, .2654, .2663							
Required records available: shellstock tags, parasite destruction							43	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654							In-use utensils: properly stored							
15	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated & protected							Utensils, equipment & linens: properly stored, dried, & handled							
16	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized							Single-use & single-service articles: properly stored & used							
17	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, & unsafe food							Gloves used properly							
Potentially Hazardous Food Time/Temperature .2653							Physical Facilities .2654, .2655, .2656							
18	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time & temperatures							Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used							
19	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding							Warewashing facilities: installed, maintained, & used; test strips							
20	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time & temperatures							Non-food contact surfaces clean							
21	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory .2653							
Proper hot holding temperatures							25	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods							
Proper cold holding temperatures							26	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations .2653							
Proper date marking & disposition							Pasteurized foods used; prohibited foods not offered							
24	<input type="checkbox"/> IN	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> N/O	<input type="checkbox"/>	<input type="checkbox"/>	Chemical .2653, .2657							
Time as a public health control: procedures & records							27	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Approved Procedures .2653, .2654, .2658							Food additives: approved & properly used							
29	<input type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan							Toxic substances properly identified stored, & used							
										Total Deductions:			1.0	



Comment Addendum to Food Establishment Inspection Report

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

Establishment ID:
038010062

Date: 01/21/2022

- Inspection Re-Inspection
 Visit
 Verification
 Name Change
 Status Change
 Pre-Opening Visit
 Other _____

Status Code: A

Category#: 2

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Lettuce/ PU	40				
Tomatoes/ PU	41				
Cheese/ PU	39				
Bell Pepper/ PU	39				
Banana Peppers/ PU	40				
Ham/ PU	39				
Turkey/ PU	39				

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

02	NOT IN COMPLIANCE 2-102-12; No one onsite who has certified food protection training. Obtain training.
03	NOT IN COMPLIANCE 2-201.11; Employee health policy shall include salmonella (non typhoidal). Example given. No points taken
05	NOT IN COMPLIANCE 2-501.11; Written procedures not available for vomiting and diarrheal events. Example given. No points taken.

Additional Comments

Replace/ resurface all cutting boards as necessary

Person in charge (Print & Sign) _____

Regulatory Authority (Print & Sign): JONATHAN B, JONES

Verification Required Date: _____

REHS ID: 2082

REHS Contact Phone Number: --

