

Food Establishment Inspection Report

Score: 97

Establishment Name: FIREHOUSE SUBS

Establishment ID: 3034012526

Location Address: 205 S. STRATFORD RD. SUITE F

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: PURE TRIDENT, INC.

Telephone: (336) 293-6230

☒ Inspection ☐ Re-Inspection

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 02/03/2023 Status Code: A

Time In: 1:00 PM Time Out: 2:40 PM

Category#: IV

FDA Establishment Type: Full-Service Restaurant

No. of Risk Factor/Intervention Violations: 2

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"/> IN <input checked="" type="checkbox"/> OUT/N/A	Certified Food Protection Manager	<input checked="" type="checkbox"/>	0	X
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"/> IN <input checked="" type="checkbox"/> OUT/N/A	Handwashing sinks supplied & accessible	2	<input checked="" type="checkbox"/>	X
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	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 <input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> 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"/> 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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A/N/O	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" 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					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	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 <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Non-food contact surfaces clean	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	<input checked="" type="checkbox"/> OUT	Plumbing installed; proper backflow devices	2	1	0
52	<input checked="" type="checkbox"/> OUT	Sewage & wastewater properly disposed	2	1	0
53	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied & cleaned	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Physical facilities installed, maintained & clean	1	0.5	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS:					3



Comment Addendum to Food Establishment Inspection Report

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Permittee: PURE TRIDENT, INC.

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☒ Inspection ☐ Re-Inspection Date: 02/03/2023

Comment Addendum Attached? ☒ Status Code: A

Water sample taken? ☐ Yes ☒ No Category #: IV

Email 1: srila_surapaneni@yahoo.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
Meatball	steam well	140	Brisket	walk in cooler	39			
Chowder	steam well	140	Roast beef	walk in cooler	39			
Chili	steam well	140	Corn beef	walk in cooler	39			
Turkey	sandwich unit 1	39	Tomato	walk in cooler	39			
Ham	sandwich unit 1	39	Turkey	cooling @ 1:31pm	50			
Chicken	sandwich unit 1	39	Turkey	cooling @ 1:43pm	48			
Roast beef	sandwich unit 1	39	Ham	cooling @ 1:31pm	50			
Pastrami	sandwich unit 1	39	Ham	cooling @ 1:43pm	47			
Mozzarella	sandwich unit 1	39	Hot water	3 compartment sink	154			
Diced green peppers	sandwich unit 1	39	Quat sanitizer	3 compartment sink (ppm)	150			
Turkey	sandwich unit 2	40						
Ham	sandwich unit 2	4						
Lettuce	sandwich unit 2	41						
Tomato	cooling @ 1:20pm	50						
Tomato	cooling @ 1:43pm	38						
Tuna	cooling @ 1:20pm	50						
Tuna	cooling @ 1:43pm	41						
Chowder	steam well	190						
Chili	steam well	190						
Meatball	steam well	190						

First
Person in Charge (Print & Sign): Robin

Last
Haynes

First
Regulatory Authority (Print & Sign): Elizabeth

Last
Manning

Elizabeth Manning

REHS ID: 3136 - Manning, Elizabeth

Verification Required Date: _____

REHS Contact Phone Number: (336) 703-3135

Authorize final report to
be received via Email: _____



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 Inspection Report

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Establishment ID: 3034012526

Date: 02/03/2023 **Time In:** 1:00 PM **Time Out:** 2:40 PM

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.

- 2 2-102.12 (A) Certified Food Protection Manager-C(REPEAT): There was no certified food protection manager during the inspection. (A) The person in charge shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
- 10 5-205.11 Using a Handwashing Sink - Operation and Maintenance (Pf) Employee was using the handwashing sink to fill container with water to use to fill the steamers. A handwashing sink may not be used for purposes other than handwashing. CDI: Education was given and employee used water from the 3 compartment sink.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (REPEAT) (C). A toaster and slicer are not working and currently not being used. Equipment shall be maintained in a state of repair and condition. CDI: Work orders have been placed on both items.
- 49 4-602.13 Nonfood Contact Surfaces-REPEAT with improvements-C: Continue cleaning on the walls, and floor of the walk in cooler. Nonfood-contact surfaces shall be cleaned at a frequency to preclude accumulation of soil residues.
- 53 5-501.17 A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. No covered trash can in womens restroom. A toilet room used by females shall be provided with a covered receptacle for sanitary napkins. CDI: Work order had been placed and lids will be here in the next week.
- 55 6-501.12 Cleaning, Frequency and Restrictions-C: Cleaning is on the toilet seat of the men's restroom. Physical facilities shall be cleaned as often as necessary to keep them clean.