## Food Establishment Inspection Report

Establishment	Name: FIREHOUSE SUBS

		su	ap	iiis	inment Name: FIREHOUSE SUBS						
Location Address: 205 S. STRATFORD RD. SUITE F											
·											
	Ρ	err	ni	tte	e: PURE TRIDENT, INC.						
	Т	ele	pł	nor	ne: (336) 293-6230						
		Ø	) Ir	nsp	ection O Re-Inspection						
	v				ater System:						
	•				nicipal/Community On-Site System						
		~									
	v				ipply:						
		Ø	) IV	lun	icipal/Community O On-Site Supply						
_	_										
					e Illness Risk Factors and Public Health Ir			-		s	
					Contributing factors that increase the chance of developing foo Interventions: Control measures to prevent foodborne illness				iess.		
	u	DIIC	nea	iitii	interventions. Control measures to prevent loodborne limess		ingui	У			
С	0	mp	lia	nc	e Status	OUT CDI				R	VR
Sı	ıpe	ervis	ion		.2652						
1	M	оит	N/A		PIC Present, demonstrates knowledge, &	1		0			
	<u> </u>			$\vdash$	performs duties		<u> </u>	-		• -	-
2	_	o)X(T	_		Certified Food Protection Manager	X		0		Х	
Er	np	loye	еH	ealt		_		_			
3	X	оит			Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0			
4	X	оит		H	Proper use of reporting, restriction & exclusion	3	1.5	0			
5	X	оит			Procedures for responding to vomiting &	1	0.5	0			
~	_				diarrheal events	-		-			
		а ну оит		nic	Practices .2652, .2653 Proper eating, tasting, drinking or tobacco use	1	0.5	0			
7	<u> </u>	оит			No discharge from eyes, nose, and mouth	1	0.5	-			
Pr	ev	entir	ng (	Cont	tamination by Hands .2652, .2653, .2655, .265	6		-			
8	IN	¢Хт			Hands clean & properly washed	4	X	0	X		
9	М	оит	N/A	N/O	No bare hand contact with RTE foods or pre-	4	2	0			
-	_				approved alternate procedure properly followed						
		оит			Handwashing sinks supplied & accessible	2	1	0			
		OUT	as	ouro	ce .2653, .2655 Food obtained from approved source	2	1	0			
	<u> </u>	OUT		N <b>X</b> ∕0		2	1	0			<u> </u>
3	X	оит			Food in good condition, safe & unadulterated	2	1	0			
4	IN	оит	NXA	N/O	Required records available: shellstock tags,	2	1	0			
			~		parasite destruction	-	•	Ľ			
	_				Contamination .2653, .2654	_					
		-	N/A	N/O	Food separated & protected Food-contact surfaces: cleaned & sanitized	3 3	1.5				
		¢X(⊺		$\vdash$	Proper disposition of returned, previously served,		125	$\vdash$			-
7	M	оит			reconditioned & unsafe food	2	1	0			
_	_	-	-	_	rdous Food Time/Temperature .2653	_					
	_	OUT	_	1		3	1.5	0			
	_	оит оит	_		Proper reheating procedures for hot holding Proper cooling time & temperatures	3 3	1.5 1.5	-			-
21	_	OUT	_	1	Proper hot holding temperatures	3	1.5	-			$\vdash$
22		OUT	_		Proper cold holding temperatures	3	1.5				
23	X	оит	N/A	N/O	Proper date marking & disposition	3	1.5	0			
24	IN	оит	N A	N/O	Time as a Public Health Control; procedures & records	3	1.5	0			
C	ـــــــــــــــــــــــــــــــــــــ		er A	dui	sory .2653	<u> </u>		L			
					Consumer advisory provided for raw/	Ļ	0				
5	IN	оит	NA		undercooked foods	1	0.5	0			
Hi	gh	ly Si	usc	epti	ble Populations .2653	_		_			
26	IN	оит	NXA		Pasteurized foods used; prohibited foods not	3	1.5	0			
~					offered						
	_	nica OUT	_		.2653, .2657 Food additives: approved & properly used	1	0.5	0			
28		OUT	· ·	$\square$	Toxic substances properly identified stored & used	2	1	0			$\vdash$
C			_		ith Approved Procedures .2653, .2654, .2658	-		_			
		оит			Compliance with variance, specialized process,	•	1	0			
	114		1.96.96	1	reduced oxygen packaging criteria or HACCP plan	2	1	ľ			
					North Carolina Department of Health &	Hu	uma	n S	ervice	es • D	)ivisi/

1 No. of Repeat Risk Factor/Intervention Violations: Good Retail Practices Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. CDI R VR **Compliance Status** OUT Safe Food and Water .2653. .2655. .2658 Pasteurized eggs used where required 30 IN OUT NA 1 0.5 31 X OUT Water and ice from approved source 1 0 2 Variance obtained for specialized processing 32 IN OUT NA 2 0 1 methods Food Temperature Control .2653, .2654 Proper cooling methods used; adequate 33 X OUT 1 0.5 0 equipment for temperature control 34 IN OUT N/A NO Plant food properly cooked for hot holding 1 0.5 0 35 IN OUT N/A NO Approved thawing methods used 1 0.5 0 36 IX OUT Thermometers provided & accurate 1 0.5 0 Food Identification .2653 37 IN OXT Food properly labeled: original container 2 1 🗶 Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657 Insects & rodents not present; no unauthorized 38 X OUT 1 0 2 animals Contamination prevented during food 39 IN X Ж 2 0 preparation, storage & display 40 💓 OUT Personal cleanliness 1 0.5 0 41 IN 001 Wiping cloths: properly used & stored 1 01 0 42 🕅 OUT N/A Washing fruits & vegetables 1 0.5 0 Proper Use of Utensils .2653, .2654 43 X OUT In-use utensils: properly stored 1 0.5 0 Utensils, equipment & linens: properly stored, 44 🕅 OUT 1 0.5 0 dried & handled Single-use & single-service articles: properly 45 IN 000T X 0.5 0 Х stored & used Gloves used properly 46 💓 OUT 1 0.5 0 Utensils and Equipment .2653. .2654. .2663 Equipment, food & non-food contact surfaces 0.5 X 47 IN 000T 1 approved, cleanable, properly designed, constructed & used Warewashing facilities: installed, maintained & 48 🕅 оит 1 0.5 0 used; test strips 49 IN 000T 1 0,5 0 Non-food contact surfaces clean Х **Physical Facilities** .2654, .2655, .2656 Hot & cold water available; adequate pressure 50 X OUT N/A 1 0.5 0 51 🕅 OUT Plumbing installed; proper backflow devices 2 1 0 52 🕅 OUT Sewage & wastewater properly disposed 2 1 0 Toilet facilities: properly constructed, supplied 53 IN **о)(**т 0.5 X 1 & cleaned Garbage & refuse properly disposed; facilities 54 X ουτ 1 0.5 0 maintained 55 IN OXT Physical facilities installed, maintained & clean X 0.5 0 X Meets ventilation & lighting requirements; 56 🕅 OU. 0.5 0 designated areas used 8.5 TOTAL DEDUCTIONS: North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program DHHS is an equal opportunity employer. Page 1 of Food Establishment Inspection Report, 10/2021

Establishment ID: 3034012526

Date: 12/01/2022	Status Code: A
Time In: 1:10 PM	_Time Out:3:15 PM
Category#: IV	
FDA Establishment Type:	Full-Service Restaurant
No. of Risk Factor/Interve	ntion Violations <sup>.</sup> 3

# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FIREHOUSE SUBS	Establishment ID: 3034012526						
Location Address: 205 S. STRATFORD RD. SUITE F City: WINSTON SALEM State: NC	X Inspection       Re-Inspection       Date: <u>12/01/2022</u> Comment Addendum Attached?       X       Status Code: A						
County: 34 Forsyth Zip: 27103	Water sample taken? Yes X No Category #: IV						
Wastewater System: X Municipal/Community On-Site System Water Supply: X Municipal/Community On-Site System	Email 1:srila_surapaneni@yahoo.com						
Permittee: PURE TRIDENT, INC.	Email 2:						
Telephone: (336) 293-6230	Email 3:						
Temperature Observations							

	Effective	January 1, 201	9 Cold Holdin	g is now 41 degree	es or less	
ltem Beef	Location sandwich unit top 1	Temp Item 39	Location	Temp Item	Location	Temp
Chicken	sandwich unit top 1	39				
Turkey	sandwich unit top 1	38				
	sandwich unit top 1	38				
Onions Lettuce	·	40				
	sandwich unit top 1	40				
Tomatoes	sandwich unit top 1	38				
Turkey	sandwich unit bottom 1	39				
Roast beef	sandwich unit bottom 1	39				
Tomatoes	sandwich unit bottom 2					
Meatballs	steamwell	151				
Vegatable soup	steamwell	156				
Clam chowder	steamwell	167				
Roast beef	walk in cooler	39				
Brisket	walk in cooler	39				
Prime rib	walk in cooler	38				
Pastrami	walk in cooler	39				
Ham	walk in cooler	39				
Tomatoes	walk in cooler	38				
Quat sanitizer	3 compartment sink (ppm)	150				
Hot water	3 compartment sink	156				
Person in C	<i>Fir</i> harge (Print & Sign): Rot		<i>Last</i> Haynes	Rober	Min	
	Fir		Last		-	

Regulatory Authority (Print & Sign): Elizabeth

REHS ID:3136 - Manning, Elizabeth

Verification Required Date:

Manning

REHS Contact Phone Number: (336) 703-3135

Authorize final report to be received via Email:

Object Manning

Food Protection Program

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North Carolina Department of Health & Human Services Page 1 of

Division of Public Health 
 Environmental Health Section
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### Establishment Name: FIREHOUSE SUBS

#### Establishment ID: 3034012526

Date: 12/01/2022 Time In: 1:10 PM Time Out: 3:15 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.
- 8 2-301.14 When to Wash-P: An employee picked up a wet wiping cloth with their cutting gloves on and then went to make a sandwich. Food employees shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (I) After engaging in other activities that contaminate the hands. CDI: REHSI intervened before employee went to make the sandwich. Gloves were removed and employee washed their hands.
- 16 4-601.11(A) Equipment food contact surfaces and utensils shall be clean to sight and touch. Pf- Deli slicer was observed with dried soil build up. Equipment food contact surfaces and utensils shall be clean to sight and touch. CDI: Slicer was taken to the 3 compartment sink to be cleaned.
- 37 3-302.12 Food Storage Containers Identified with Common Name of Food (C) In the dry storage area three container of seasoning were not label with their common names. Except for containers holding food that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food.
- 39 3-305.11 Food Storage Preventing Contamination from the Premises (C) Two gallon containers of pickles were stored on the floor of the walk in cooler. Food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination; and (3) At least 15 cm (6 inches) above the floor.
- 41 3-304.14 Wiping Cloths, Use Limitations (C) Multiple soiled wiping cloths were observed on the prep surfaces on the make unit area. Cloths in-use for wiping counters and other equipment surfaces shall be: Held between uses in a chemical sanitizer solution at a concentration.
- 45 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) Unwrapped single-service and single-use containers were not stack inverted to prevent contamination under the prep table to the side of the sandwich make unit. Clean equipment and utensils, laundered linens, and single-service and single-use articles shall be stored: (1) In a clean and dry location, (2) where they are not exposed to splash, dust, or other contamination: (3) At least 6 inches above the floor.
- 47 4-501.11 Good Repair and Proper Adjustment Equipment (C) Fixed broken tray (table top) on the left sandwich cooler, and replace damage ice machine outer lid. Equipment shall be maintained in a state of repair and condition.
- 49 4-602.13 Nonfood Contact Surfaces-REPEAT with improvements-C: Cleaning is need on the shelves, gaskets, wall, 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.
- 55 6-501.11 Repairing Premises, Structures, Attachments, and Fixtures Methods (REPEAT) (C) Replace 1 missing celling tile and 3 soiled ceiling tiles in the dry storage area. Repair spray nozzle at 3 compartment sink. Re-caulk men's toilet and sink. Physical facilities shall be maintained in good repair.

6-501.12 Cleaning, Frequency and Restrictions (C) Additional cleaning is needed in the basin of the back handwashing sink, and air vent in the dry storage area.