

# Food Establishment Inspection Report

Score: 94.5

Establishment Name: FIREHOUSE SUBS

Establishment ID: 3034012526

Location Address: 205 S. STRATFORD RD. SUITE F

☒ Inspection ☐ Re-Inspection

City: WINSTON SALEM

State: NC

Date: 02/17/2021

Status Code: A

Zip: 27103

County: 34 Forsyth

Time In: 2:54 PM

Time Out: 4:55 PM

Permittee: PURE TRIDENT, INC.

Total Time: 2 hrs 1 min

Telephone: (336) 293-6230

Category #: IV

Wastewater System: ☒ Municipal/Community ☐ On-Site System

FDA Establishment Type: Full-Service Restaurant

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions										Good Retail Practices									
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
IN	OUT	N/A	NC	Compliance Status	OUT	CDI	R	VR		IN	OUT	N/A	NC	Compliance Status	OUT	CDI	R	VR	
<b>Supervision</b> .2652										<b>Safe Food and Water</b> .2653, .2655, .2658									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b> .2652										<b>Food Temperature Control</b> .2653, .2654									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Good Hygienic Practices</b> .2652, .2653										<b>Food Identification</b> .2653									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656										<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Proper Use of Utensils</b> .2653, .2654									
<b>Approved Source</b> .2653, .2655										<b>Utensils and Equipment</b> .2653, .2654, .2663									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Protection from Contamination</b> .2653, .2654										<b>Physical Facilities</b> .2654, .2655, .2656									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Potentially Hazardous Food Time/Temperature</b> .2653										<b>Sanitation</b> .2653, .2654, .2655, .2656, .2657									
16	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Total Deductions:</b> 5.5									
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Consumer Advisory</b> .2653																			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Highly Susceptible Populations</b> .2653																			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Chemical</b> .2653, .2657																			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658																			
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											



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Food Protection Program

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# Comment Addendum to Food Establishment Inspection Report

Establishment Name: FIREHOUSE SUBS  
 Location Address: 205 S. STRATFORD RD. SUITE F  
 City: WINSTON SALEM State: NC  
 County: 34 Forsyth Zip: 27103  
 Wastewater System: ☒ Municipal/Community ☐ On-Site System  
 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: PURE TRIDENT, INC.  
 Telephone: (336) 293-6230

Establishment ID: 3034012526  
☒ Inspection ☐ Re-Inspection Date: 02/17/2021  
 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
Turkey	meat make-unit	41						
Ham	meat make-unit	39						
Roast Beef	meat make-unit	37						
Onions	meat make-unit	41						
Peppers	meat make-unit	40						
Mozzarella	veggie make-unit	39						
Tomatoes	veggie make-unit	41						
Lettuce	veggie make-unit	40						
Chili	hot holding	189						
Meatballs	hot holding	198						
Turkey	walk-in cooler	38						
Roast Beef	walk-in cooler	38						
Hot Water	3-compartment sink	150						
Quat Sani	3-compartment sink	400						
Serv Safe	Jamie Jackson 6-24-24	000						

Person in Charge (Print & Sign): Charrell Burns  
 Regulatory Authority (Print & Sign): Victoria Murphy

*Charrell Burns*  
*Jamie N. Jackson*  
*[Signature]*

REHS ID: 2795 - Murphy, Victoria

Verification Required Date: 02/26/2021

REHS Contact Phone Number: (336) 703-3814



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# Comment Addendum to Food Establishment Inspection Report

**Establishment Name:** FIREHOUSE SUBS

**Establishment ID:** 3034012526

## 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.

- 14 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - P: The following items were stored soiled: 3 knives and 7 pans. Food-contact surfaces shall be clean to sight and touch. CDI: PIC placed items in the warewashing area to be cleaned.//4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P: Per conversation with the PIC, utensils are only being cleaned every 5 hours. Equipment food-contact surfaces and utensils shall be cleaned throughout the day at least every 4 hours.
  
- 42 4-903.11 (A), (B) and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing -REPEAT- C: Clean dishes are being stored on soiled shelving. Cleaned equipment shall be stored in a clean, dry location.
  
- 43 4-903.11 (A) and (C) Equipment, Utensils, Linens and Single-Service and Single-Use Articles-Storing - C: To-go containers were stored on soiled shelving. Single-service and single-use articles shall be stored in a clean, dry location
  
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment -REPEAT- C: Shelves are rusting in the walk-in cooler. Equipment shall be maintained in good repair. \*items left at half credit due to 1 out of the 2 shelves being repaired since previous inspection\*
  
- 46 4-302.14 Sanitizing Solutions, Testing Devices - PF: There were no sanitizer test strips in the facility. A test kit or other device that accurately measures the concentration in mg/L of sanitizing solution shall be provided. VR: Verification needed by 2-26-21. Contact Victoria Murphy at (336)703-3814 or [murphyvl@forsyth.cc](mailto:murphyvl@forsyth.cc)
  
- 47 4-602.13 Nonfood Contact Surfaces-REPEAT - C: Thorough cleaning is needed to/on the following: shelves in dry the dry storage area, dish shelf, make-unit, single-service shelf, pos cabinets, microwave, shelves in the walk-in cooler, vents in the walk-in cooler, floors in the walk-in cooler. Nonfood-contact surfaces shall be cleaned at a frequency to preclude accumulation of soil residues.
  
- 49 5-205.15 (B) System maintained in good repair - C: The sink in the men's restroom is slowly draining. Plumbing fixtures shall be maintained in good repair.
  
- 51 6-501.18 Cleaning of Plumbing Fixtures - C: Thorough cleaning is needed in the restrooms. Plumbing fixtures such as handwashing sinks, toilets, and urinals shall be cleaned as often as necessary to keep them clean.
  
- 53 6-501.12 Cleaning, Frequency and Restrictions -REPEAT- C: Thorough cleaning needed on walls under the warewashing area as well as throughout the facility/cleaning is needed on floors in the dry storage area. Physical facilities shall be cleaned as often as necessary to keep them clean.
  
- 54 6-303.11 Intensity-Lighting -REPEAT- C: The lighting measured low in the following areas (men's restroom) 18 ft candles and (women's restroom) 5 ft candles. The light intensity shall be at least 20 ft candles 30 inches above the ground in toilet rooms