



Date of Inspection: 1/7/15

Facility Name: Subway - Chester Phone Number: 258-2563 PR ID # 2783
 Facility Site Address: 433 Main City: CHESTER Zip: 96020
 Permit #: 14-130331 Exp Date: 5/13/15 Permit Holder: Ryan Farnuse
 Type of Inspection: Routine

See reverse side for the code sections and general requirements that correspond to each violation listed below

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Out of Compliance

In	N/O-N/A	COS	MAJ	OUT	In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X	X			
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Rozanne Dees</u> Exp. Date: <u>1/31/18</u>					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gulf Oyster Regulations				
X	X								
2. Communicable disease; reporting, restrictions & exclusions					CONFORMANCE WITH APPROVED PROCEDURES				
X	X								
3. No discharge from eyes, nose, and mouth					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X	X								
4. Proper eating, tasting, drinking or tobacco use					CONSUMER ADVISORY				
PREVENTING CONTAMINATION BY HANDS					19. Consumer advisory provided for raw or undercooked foods				
X	X								
5. Hands clean and properly washed; gloves used properly					Highly Susceptible Populations				
X	X								
6. Adequate handwashing facilities supplied & accessible					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
TIME AND TEMPERATURE RELATIONSHIPS					WATER/HOT WATER				
X	X				X	X			
7. Proper hot and cold holding temperatures					21. Hot and cold water available Temp <u>125°F +</u>				
	X				LIQUID WASTE DISPOSAL				
	X				X	X			
8. Time as a public health control; procedures & records					22. Sewage and wastewater properly disposed				
	X				VERMIN				
	X				X	X			
9. Proper cooling methods					23. No rodents, insects, birds, or animals				
	X								
10. Proper cooking time & temperatures									
X									
11. Proper reheating procedures for hot holding									
PROTECTION FROM CONTAMINATION									
X									
X	X								
12. Returned and re-service of food									
X	X								
13. Food in good condition, safe and unadulterated									
X	X								
14. Food contact surfaces: clean and sanitized									

SUPERVISION		OUT	39. Thermometers provided and accurate		OUT
24. Person in charge present and performs duties			40. Wiping cloths: properly used and stored		
PERSONAL CLEANLINESS			PHYSICAL FACILITIES		
25. Personal cleanliness and hair restraints			41. Plumbing: proper backflow devices		
GENERAL FOOD SAFETY REQUIREMENTS			42. Garbage and refuse properly disposed; facilities maintained		
26. Approved thawing methods used; frozen food			43. Toilet facilities: properly constructed, supplied, cleaned		
27. Food separated and protected			44. Premises; personal/cleaning items; vermin-proofing		
28. Washing fruits and vegetables			PERMANENT FOOD FACILITIES		
29. Toxic substances properly identified, stored, used			45. Floor, walls and ceilings: built, maintained, and clean		
FOOD STORAGE/ DISPLAY/ SERVICE			46. No unapproved private homes/ living or sleeping quarters		
30. Food storage: food storage containers identified			SIGNS/ REQUIREMENTS		
31. Consumer self-service			47. Signs posted; last inspection report available		
32. Food properly labeled & honestly presented			COMPLIANCE & ENFORCEMENT		
EQUIPMENT/ UTENSILS/ LINENS			48. Plan Review		
33. Nonfood contact surfaces clean			49. Permits Available		
34. Warewashing facilities: installed, maintained, used; test strips			50. Impoundment		
35. Equipment/ Utensils approved; installed; clean; good repair; capacity			51. Permit Suspension		
36. Equipment, utensils and linens: storage and use					
37. Vending machines					
38. Adequate ventilation and lighting; designated areas, use					

Received by (Print) Rozanne Dees Title _____
 Received by (Signature) Rozanne Dees
 Specialist (Print) Raf Sanchez Specialist (Signature) [Signature] Re-inspection Date: _____