



Date of Inspection: 9/29/24

Facility Name: <u>SUBWAY SANDWICHES - FORTOLA #38306</u>	Phone Number: _____	PR ID # <u>529</u>
Facility Site Address: <u>24 W Sierra St</u>	City: <u>FORTOLA</u>	Zip: <u>96122</u>
Permit #: <u>23-449</u>	Exp Date: <u>5/12/24</u>	Permit Holder: <u>Ravi Gundamnen</u>
		Type of Inspection: <u>Routine</u>

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
DEMONSTRATION OF KNOWLEDGE					
					1. Demonstration of knowledge; food safety certification
Food Safety Cert Name: <u>-30 days-</u>			Exp. Date		
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
					2. Communicable disease; reporting, restrictions & exclusions
					3. No discharge from eyes, nose, and mouth
					4. Proper eating, tasting, drinking or tobacco use
PREVENTING CONTAMINATION BY HANDS					
					5. Hands clean and properly washed; gloves used properly
					6. Adequate handwashing facilities supplied & accessible
TIME AND TEMPERATURE RELATIONSHIPS					
					7. Proper hot and cold holding temperatures
					8. Time as a public health control; procedures & records
					9. Proper cooling methods
					10. Proper cooking time & temperatures
					11. Proper reheating procedures for hot holding
PROTECTION FROM CONTAMINATION					
					12. Returned and re-service of food
					13. Food in good condition, safe and unadulterated
					14. Food contact surfaces: clean and sanitized <u>OUT</u>

In	N/O	N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
					15. Food obtained from approved source
					16. Compliance with shell stock tags, condition, display
					17. Compliance with Gulf Oyster Regulations
CONFORMANCE WITH APPROVED PROCEDURES					
					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
SB 13 83 Food Diversion Program					
CONSUMER ADVISORY					
					19. Consumer advisory provided for raw or undercooked foods
Highly Susceptible Populations					
					20. Licensed health care facilities/ public & private schools; prohibited foods not offered
WATER/HOT WATER					
					21. Hot and cold water available Temp <u>120°F</u>
LIQUID WASTE DISPOSAL					
					22. Sewage and wastewater properly disposed
VERMIN					
					23. No rodents, insects, birds, or animals

In	N/O	N/A	COS	MAJ	OUT
SUPERVISION					
					24. Person in charge present and performs duties
PERSONAL CLEANLINESS					
					25. Personal cleanliness and hair restraints
GENERAL FOOD SAFETY REQUIREMENTS					
					26. Approved thawing methods used, frozen food
					27. Food separated and protected
					28. Washing fruits and vegetables
					29. Toxic substances properly identified, stored, used
FOOD STORAGE/ DISPLAY/ SERVICE					
					30. Food storage; food storage containers identified
					31. Consumer self-service
					32. Food properly labeled & honestly presented
EQUIPMENT/ UTENSILS/ LINENS					
					33. Nonfood contact surfaces clean
					34. Warewashing facilities: installed, maintained, used; test strips
					35. Equipment/ Utensils approved; installed; clean; good repair, capacity
					36. Equipment, utensils and linens: storage and use
					37. Vending machines
					38. Adequate ventilation and lighting; designated areas, use

In	N/O	N/A	COS	MAJ	OUT
					39. Thermometers provided and accurate
					40. Wiping cloths: properly used and stored
PHYSICAL FACILITIES					
					41. Plumbing: proper backflow devices
					42. Garbage and refuse properly disposed; facilities maintained
					43. Toilet facilities: properly constructed, supplied, cleaned
					44. Premises; personal/cleaning items; vermin-proofing
PERMANENT FOOD FACILITIES					
					45. Floor, walls and ceilings: built, maintained, and clean
					46. No unapproved private homes/ living or sleeping quarters
SIGNS/ REQUIREMENTS					
					47. Signs posted; last inspection report available
COMPLIANCE & ENFORCEMENT					
					48. Plan Review
					49. Permits Available
					50. Impoundment
					51. Permit Suspension

Received by (Print) <u>Jessica Mervley</u>	Title _____
Received by (Signature) <u>Jessica Mervley</u>	
Specialist (Print) <u>Dennis Eck</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>Next Routine</u>	

1) Please have Food Safety Certification within 30 days for the facility.