



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Hicks PA, Nps 66/SUBWAY
Telephone Number:
Date of Inspection: 5-11-21
ID #: 27
Establishment Address: 128 W main st For City
Owner: Mike Hicks
Purpose: 1. Routine
Follow-up: NO
Release Date: 18 days
Owner's Address: Same
Person in Charge: Mike Hicks
Responsible Person's E-mail:
Certified Food Handler: Kasandra Withrow 8-2022

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains 'no violations'.

Received by (name and title printed): Michael Hicks owner
Inspected by (name and title printed): Scott Kendall Dean Spigall
Received by (signature):
Inspected by (signature): Scott Kendall Dean Spigall
cc: