



**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 SUBWAY #1612	Telephone Number 765 662 6546 () Establishment () Owner	Date of Inspection (mm/dd/yr) 6-3-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1421 KEM RD MARION	Owner ESTEP & COMPANY	Follow-up NO	Release Date 6-13-19
Owner's Address 3685 NORM NATIONAL RD Columbus	Purpose: 1. Routine	Summary of Violations: C ___ NC <u>2</u> R ___	
Person in Charge DEBRA BLACK	2. Follow-up	Menu Type (See back of page)	
Responsible Person's E-mail N/A	3. Complaint	1 ___ 2 <u>*</u> 3 ___ 4 ___ 5 ___	
Certified Food Handler DEBRA BLACK exp 11-30-2020	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
218	NC		THE PAPER TOWEL MACHINE IN FRONT IS NOT WORKING	TODAY
295	NC		FLOOR COOLER UNDER MICROWAVE THE INSIDE IS SOILED WITH FOOD DEBRIS	TODAY
			* NEED TO POST / TEACH EMPLOYEES ABOUT INFECTION CONTROL / SICK EMPLOYEE POLICY *	

Received by (name and title printed): LISA DODD DIST MANAGER	Inspected by (name and title printed): R Dale Carr - FSD
Received by (signature): <i>Lisa Dodd</i>	Inspected by (signature): <i>R Dale Carr - FSD</i>
cc:	cc: