



**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 <u>Subway # 1612</u>	Telephone Number <u>765</u> Establishment	Date of Inspection (mm/dd/yr) <u>7-30-29</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1421 Kem Rd Marion</u>	( ) Owner <u>662-6346</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner <u>Estep &amp; Company</u>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <u>C3 NC2 R-</u>	
Owner's Address <u>3685 N National Rd Columbus</u>	<input type="radio"/> Follow-up		
Person in Charge <u>Florence</u>	<input type="radio"/> Complaint	Menu Type (See back of page) <u>1 2 X3 4 5</u>	
Responsible Person's E-mail <u></u>	<input type="radio"/> Pre-Operational		
Certified Food Handler <u>Ashley Vandivier</u>	<input type="radio"/> Temporary		
	<input type="radio"/> HACCP		
	<input type="radio"/> Other (list) <u></u>		

- 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
295	NC		Cooling unit / Heating unit has food debris on and in between sections of unit	
295	C		Knives stored clean behind 3-bay sink touching wall behind it	
291	NC		No Test strips provided for sanitizer	
229	C		Plastic shield inside of Ice machine has a dark residue under it	
136	C		Employee drinks sitting next to cookies in serving area	

Received by (name and title printed): <u>Florence Dunkerson</u>	Inspected by (name and title printed): <u>Scott Kendall / Food Safety</u>
Received by (signature): <u>Florence Dunkerson</u>	Inspected by (signature): <u>Scott Kendall / Food Safety</u>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 8/2/20

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 7-30-20.

- DATE: 8/2 Action Taken:
- 8/2 Clean Cooling Unit / Heating Unit I have
  - 8/2 Send shift pay close attention at night when closing
  - 8/2 Removed knives and put in cup with rest of knives
  - 8/2 GM orderd test strips with next truck order
  - 8/2 Clean & sanitized plastic shield on Ice Machine
  - 8/2 Removed and sat drink in correct spot

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Florence Dunkerson Title: Sandwich Maker  
Establishment Name: Subway North #1612  
Address: 1421 Kern Rd