



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 #20440	Telephone Number (705) Establishment (998) 0252	Date of Inspection (mm/dd/yr) 9-17-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 5035 S. Kaybe DR Gos City	Purpose: <u>1. Routine</u>	Follow-up NU	Release Date 20 days
Owner Vision Investment Group	2. Follow-up	Summary of Violations: C / NC <u> </u> R <u> </u>	
Owner's Address P.O. Box 415 Bluffton IN	3. Complaint	Menu Type (See back of page)	
Person in Charge Thelma	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail <u> </u>	5. Temporary		
Certified Food Handler Thelma Simpson 3-20-23	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
295	C		lid stored clean in pake - lid is soiled w/ dried food debris	Remove

Received by (name and title printed): Thelma Simpson	Inspected by (name and title printed): Debra Small PSTO
Received by (signature): <i>Thelma Simpson</i>	Inspected by (signature): <i>Debra Small PSTO</i>
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: 9-22-2020

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 9-17-20.

DATE:

Action Taken:

9-11-2020 Removed Dirty Lid
went over cleaning/washing procedures
with all employees.

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

Name of Respondent: Thelma Simpson Title: Store Manager

Establishment Name: Subway - Vision Franchise Group Inc

Address: 5035 Kaybee Dr. Gas City IN 46933

Attach additional sheets as needed.