



**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 <i>Subway # 20440</i>	Telephone Number (765) Establishment <i>(998) 6252</i>	Date of Inspection (mm/dd/yr) <i>7-14-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5035 S Kayler Dr One City</i>	Owner <i>Vision Investment Group</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 415 Bluffton</i>	Person in Charge <i>Thelma</i>	Summary of Violations: <i>C 1 NC 1 R</i>	
Responsible Person's E-mail	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Menu Type (See back of page) <i>1 2 3 4 5</i>	
Certified Food Handler <i>Thelma Simpson 3-2023</i>	<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>		

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		Handles & doors of bread cabinet is soiled	TU Day
295	C		A scoop stored clean in black plate - is soiled	Removed

Received by (name and title printed): <i>Thelma Simpson</i>	Inspected by (name and title printed): <i>Dean Smith PSB</i>
Received by (signature): <i>Thelma Simpson</i>	Inspected by (signature): <i>Dean Smith PSB</i>
cc:	cc:

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

# GRANT COUNTY HEALTH DEPARTMENT

Phone: 765-651-2401 Ex: 3123/3111  
Fax: 765-651-2419

DATE: 7-21-2021

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 7-14-21

DATE: 7-14-2021 Action Taken: Section #295 - Cleaned All Door handles Right Away. Re-trained staff on cleaning procedure.

7-14-2021 Section #295 - Removed Dirty Scoop immediately and Re-trained staff on cleaning / Dishwashing procedures.

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

Name of Respondent: The Mrs. Simpson Title: Store Manager

Establishment Name: Subway

Address: 5035 Kaybee Dr. Gas City In 46933

Attach additional sheets as needed.