



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.

Form with fields: Establishment Name (Subway # 20440), Telephone Number (765 Establishment, 998-0252 Owner), Date of Inspection (4-19-21), ID # (27), Establishment Address (5035 S Kaylee Dr 695 City), Owner (VISION INVESTMENT GROUP), Owner's Address (PO Box 415 Bluffton), Person in Charge (Kasandra), Responsible Person's E-mail, Certified Food Handler (Thelma Simpson 3-20-20), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2X 3 4 5)

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: No Violations

Received by (name and title printed): Kasandra King; Inspected by (name and title printed): Scott Kikendall; Received by (signature): Kasandra King; Inspected by (signature): Scott Kikendall FS/O