



**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 27106</i>	Telephone Number <i>765 998 3999</i>	Date of Inspection <i>1-6-2020</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP, code) <i>207 W 8th St Farmant</i>		Follow-up <i>—</i>	Release Date <i>10 days</i>
Owner <i>Estep & Co Inc</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Summary of Violations: <i>C2 NC 3 R 1</i>	
Owner's Address <i>3685 N National Rd Columbus OH</i>	<input type="checkbox"/> 2. Follow-up	Menu Type (See back of page) <i>1 2 / 3 4 5</i>	
Person in Charge	<input type="checkbox"/> 3. Complaint		
Responsible Person's E-mail <i>N/A</i>	<input type="checkbox"/> 4. Pre-Operational		
Certified Food Handler <i>Melanie Bebout</i>	<input type="checkbox"/> 5. Temporary		
	<input type="checkbox"/> 6. HACCP		
	<input type="checkbox"/> 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/N/C	R	Narrative	To Be Corrected By
295	NC		Following "Non food" contact items items is soiled or has food debris 1) Subway Condiment holder - To go packs 2) handles on coolers & microwave to include tables	Tuesday
218	NC		Floor cooler seal is broke AND needs replaced.	
187	C		When temped pepperoni was 50°F and Salomie 47°F should be 41°F or below. Both were filled past load limit.	Corrected
431	NC	*	Flouring at the time to include Coroners is heavily soiled.	
199	C		3 bags of food thawing in sink in stagnant water.	Corrected
			post 2020 Food license	

Received by (name and title printed): <i>KAREN WATSON</i>	Inspected by (name and title printed): <i>D Small Pst / D Garck Pst.</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: