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 27106	**Telephone Number**: (765) Establishment 948 3999 Owner	**Date of Inspection** (mm/dd/yr): 4-9-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 207 W 8th St Fairmount			
Owner: Estep & Co INC	**Purpose**: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list) _____	**Follow-up**: NO; **Release Date**: 10 days	
Owner's Address: 3685 N National Rd Columbus IN		**Summary of Violations**: C__ NC 2 R 1	
Person in Charge: Karen			
Responsible Person's E-mail		**Menu Type** (See back of page): 1__ 2X 3__ 4__ 5__	
Certified Food Handler: Melanie Babout Exp 6-2022			

- 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
431	NC	1	Walk in Freezer is heavily soiled with debris to include walk in cooler	Today
298	NC		2 microwaves in Prep area are heavily soiled on Top inside of microwave	Today

Received by (*name and title printed*): Karen Watson

Received by (*signature*): Karen

Inspected by (*name and title printed*): Scott Kikendall

Inspected by (*signature*): Scott Kikendall FS10

cc: | cc: | cc: