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 ( ) Owner 948-3999	**Date of Inspection** *(mm/dd/yr)* 8-24-20	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 207 W 3rd St Fairmount			
Owner Estep & CO INC	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10days
Owner's Address 3685 N National Rd Columbus IN		**Summary of Violations:** C— NC 1 R 1	
Person in Charge Karen Watson		**Menu Type** *(See back of page)* 1 2 X 3 4 5	
Responsible Person's E-mail			
Certified Food Handler			

- 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		Walk in Freezer Floor is heavily soiled with food debri's	Today

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

Received by (*signature*):
Karen Wats

Inspected by (*name and title printed*):
Scott Kikendall FS10

Inspected by (*signature*):
Scott Kikendall

cc: | cc: | cc: