



**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 3139	Telephone Number (765) Establishment 677-1805	Date of Inspection (mm/dd/yr) 6-12-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3411 S Western Ave. Marion	Owner Estep & Company	Follow-up Yes	Release Date 10 days
Owner's Address Columbus IN.	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C 3 NC 3 R -	
Person in Charge Ashley Bragg	Responsible Person's E-mail	Menu Type (See back of page) 1 2 X 3 4 5	
Certified Food Handler Must have in 30 days			

- 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
295	C		Metal Pans stored clean with food debris on RACK in back prep area	Today
304	NC		Black Bowls stored clean on front prep counter need air dry still wet	11
322	NC		Ice Machine is leaking on floor in back room prep area and onto lobby floor	ASAP
118	C		Establishment does not have a Certified Food Handler	must be registered in 30 days
344	C		Metal Trays blocking hand sink	corrected
298	NC		Inside of Microwave is soiled in back prep area	Today

Received by (name and title printed): Ashley Bragg Mgr	Inspected by (name and title printed): Scott Likendall / Dean Small FSA
Received by (signature): <i>Ashley Bragg Mgr</i>	Inspected by (signature): <i>Scott Likendall / Dean Small FSA</i>
cc:	cc:

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

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext 3123 / 3111
Fax 765-651-2418

DATE: 6/22/2020

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 6-12-2020.

DATE: 6/12/20 Action Taken: All dishes were taken off shelves and cleaned.

6/12/20 All staff now knows all salad bowls must be dry before placing out front on prep counter.

6/13/20 Ice machine leak was fixed

6/12/20 Inside of back microwave was thoroughly cleaned

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

Name of Respondent: Ashley Bragg Title: General Manager

Establishment Name: Subway

Address: 3411 S Western Ave Marion, IN 46952

Attach additional sheets as needed.