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 ( ) Owner 677-1805	**Date of Inspection** (*mm/dd/yr*): 5-3-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3411 S Western Ave Marion			
Owner: Estep & Company	**Purpose:** 1. Routine; ~~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		**Summary of Violations**: C 1 NC 1 R 1	
Person in Charge: Josue Martinez			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 X 3 4 5	
Certified Food Handler: Stacy Hodge Exp 1-14-26			

- 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	X	Plastic guard in Ice Machine is soiled with a dark Residue	Today
295	NC		Storage Bins in prep area by hand sink has debris in Bottoms of them	today

Received by (*name and title printed*): Josue Martinez

Received by (*signature*): Josue Martinez

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

Inspected by (*signature*): Scott Kikendall

cc: | cc: | cc: