



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>Sweetser Subway</i>	Telephone Number (Establishment) <i>765</i>	Date of Inspection (mm/dd/yr) <i>7-14-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>210 E Dolphi Ave Sweetser</i>	Telephone Number (Owner) <i>384-2827</i>		
Owner <i>Mike Hicks</i>	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Swayzee</i>		Summary of Violations: <i>C + NC 1 R -</i>	
Person in Charge <i>Brenda Weaver</i>			
Responsible Person's E-mail <i>_____</i>		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>_____</i>			

• 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
<i>430</i>	<i>NC</i>		<i>Tile floor in front of Back Exit door needs replaced</i>	<i>30 days</i>
<i>118</i>	<i>C</i>		<i>Need to have Certified Food Handler; needs to be current</i>	<i>60 days</i>

Received by (name and title printed): <i>Brenda weaver</i>	Inspected by (name and title printed): <i>Scott L Kendall / Dean Small</i>
Received by (signature): <i>Brenda weaver</i>	Inspected by (signature): <i>Scott L Kendall / Dean Small</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111
Fax 765-651-2419

DATE: 7-20-2020

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 7-14-20.

DATE:	Action Taken:
<u>7-20-2020</u>	<u>2 employees were scheduled for the Food Handler License in April because of COVID-19 it was cancelled it will be rescheduled as soon as COVID-19 is clear to have the class a date has not been set yet</u>
<u>7-20-2020</u>	<u>Hired a contractor to redo the floor</u>

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

Name of Respondent: [Signature] Title: Owner
Establishment Name: Sweeten Subur
Address: 210 E Ophi Pike Sweeten IN 46987