



**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 <u>Sweetser Subway</u>		Telephone Number <u>765</u> Establishment	Date of Inspection (mm/dd/yr) <u>3-22-21</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>210 E Delphi Ave Sweetser</u>		<u>384-2827</u> Owner		
Owner <u>Mike Hicks</u>	Purpose: <u>1. Routine</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>	
Owner's Address <u>Swayzee</u>	2. Follow-up	Summary of Violations: <u>C - NC 1 R 1</u>		
Person in Charge <u>Brenda Weaver</u>	3. Complaint	Menu Type (See back of page)		
Responsible Person's E-mail	4. Pre-Operational	1 <u>2</u> X 3 4 5		
Certified Food Handler <u>Heather Zinkle Exp 8-2022</u>	5. Temporary			
	6. HACCP			
	7. Other (list)			

- 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
<u>430</u>	<u>NC</u>	<u>1</u>	<u>Tile Floor in front of back exit door need repaired; was wrote up on last 2 inspection 7-14-20</u>	<u>30 days</u>

Received by (name and title printed): <u>Brenda weaver</u>	Inspected by (name and title printed): <u>Scott Kikendall</u>
Received by (signature): <u>Brenda weaver</u>	Inspected by (signature): <u>Scott Kikendall F510</u>
cc:	cc: