



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.

Form with fields: Establishment Name (Sweetser Subway), Telephone Number (765 384-2827), Date of Inspection (7-29-21), ID # (27), Owner (Mike Hicks), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (4019 S 700 W), Person in Charge (Brenda), Responsible Person's E-mail, Certified Food Handler (Need).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 118, C, [blank], This facility is require to have a Certified Food Handler, [blank]. Row 2: [blank], [blank], [blank], Need to have someone enrolled within 2 weeks (14 days), [blank].

Received by (name and title printed): Brenda Weaver; Inspected by (name and title printed): Scott Kikerhull / Dean Small; Received by (signature): Brenda Weaver; Inspected by (signature): Scott Kikerhull / Dean Small; cc: [blank]