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 #1612	**Telephone Number**: (765) Establishment / (662-6346) Owner	**Date of Inspection** (*mm/dd/yr*): 5-7-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1421 Kem RD 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**: 18 Days
Owner's Address: 3685 N National Rd Columbus		**Summary of Violations:** C__ NC__ R__	
Person in Charge: Abbie			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1__ 2__ 3__ 4__ 5__	
Certified Food Handler: Abbie Johnson Exp 12-2026			

- 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
			No Violations	

Received by (*name and title printed*): Abbie Johnson	Inspected by (*name and title printed*): Scott Kendall
Received by (*signature*): Abbie Johnson	Inspected by (*signature*): Scott Kendall FSS

cc:	cc:	cc: