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 20440	**Telephone Number** (765) Establishment ( ) Owner 998-0252	**Date of Inspection** (*mm/dd/yr*) 2-28-23	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 5035 S Kay Bee DR GAS CITY			
Owner Vision Investments	**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		**Summary of Violations:** C___ NC___ R___	
Person in Charge Thelma			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Thelma Simpson Exp 3-2023			

• 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*): Thelma Simpson	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Thelma Simpson	Inspected by (*signature*): Scott Kikendall
cc:	cc:	cc: