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 #27106	**Telephone Number**: (765) Establishment ( ) Owner 948-3999	**Date of Inspection** (*mm/dd/yr*): 2-8-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 207 W 8th St Fairmount			
Owner: Estep & Company	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 60 days
Owner's Address: 3685 N National RD	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Summary of Violations:** C 1 NC 1 R —	
Person in Charge: Melanie			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1 2 X 3 4 5	
Certified Food Handler: Melanie Bebout Exp 10-2027			

- 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
~~3-501~~				Today
431	NC		Flooring under Bread and oven area in front prep area	
295	C		Inside top of Ice Machine has a dark residue on it	

Received by (*name and title printed*): Melanie Bebout
Received by (*signature*): Melanie Bebout

Inspected by (*name and title printed*): Scott Kilkendall / Dean Small
Inspected by (*signature*): Scott Kilkendall Dean Small

cc: | cc: | cc: