



**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 <i>Subway 9139</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>3-14-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3411 S Western Ave Marion IN 46953</i>	Owner <i>667-1805</i>	Follow-up	Release Date <i>10 days</i>
Owner <i>Estep &amp; Comp</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C / NC 2 R 1</i>	
Owner's Address <i>3685 N National Rd Columbus</i>	<input type="radio"/> 2. Follow-up		
Person in Charge <i>Keaghan</i>	<input type="radio"/> 3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational	<i>1 2X 3 4 5</i>	
Certified Food Handler <i>Jose Martinez Exp 10-2027</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 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
<i>295</i>	<i>C</i>		<i>Following "Food" contact items is soiled w/ dried food debris and other debris 1) Food slicer sitting on table in back 2) Plastic shield in ice machine to include underneath.</i>	
<i>295</i>	<i>NC</i>		<i>Following "Non Food" contact items is soiled w/ dried food debris 1) Inside top microwave 2) handles on microwave</i>	
<i>308</i>	<i>NC</i>		<i>vents (HUAC) up front above line discolored and dust.</i>	

Received by (name and title printed): <i>Keaghan Williams</i>	Inspected by (name and title printed): <i>Scott Kendall / Dem. Supv</i>
Received by (signature): <i>Keaghan Williams</i>	Inspected by (signature): <i>Scott Kendall / Dem. Supv</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111

Fax 765-651-2419

DATE: \_\_\_\_\_

**Grant County Health Department**  
**401 S. Adams St.**  
**Marion, IN. 46953**

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 3-14-23.

DATE:	Action Taken:
<u>3-26-23</u>	<u>Cleaned ICE machine</u>
<u>3-26-23</u>	<u>Dusted the vents above oven food cleaned</u>
	<u>Grated on ceiling</u>
<u>3-26-23</u>	<u>Cleaned top of microwave and handles</u>
<u>3-26-23</u>	<u>Dried food on slicer cleaned</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Kayla Holcomb Title: General manager

Establishment Name: Subway

Address: 3411 S Western Ave Marion, IN 46953

Attach additional sheets as needed.