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: Sweetser Subway	**Telephone Number**: 765 Establishment / Owner 384-7827	**Date of Inspection** (*mm/dd/yr*): 2-6-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 210 E Delphi Pike Sweetser			
Owner: Kyle Taylor	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: PO BOX 486	2. Follow-up	**Summary of Violations:** C 1 NC — R —	
Person in Charge: Kyle	3. Complaint		
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler	5. Temporary	**Menu Type** (*See back of page*): 1 2 X 3 4 5	
	6. HACCP		
	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
295	C		Plastic Shield has Debris on it with direct contact to Fce	Today

Received by (*name and title printed*): Kyle Taylor - Owner	Inspected by (*name and title printed*): Scott Kilgore / Ben Small
Received by (*signature*):	Inspected by (*signature*): Scott Kilgore / Ben Small
cc:	cc:
	cc: