

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

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 lin	nit for corr	ection	of each violation is specified in the narrative portion of this				
Establishme	nt Name		21	Telephone Number	Date of Insp (mm/dd/yr)	pection ID #	
HAR	17-OR	(1)	CILY SUBWAY	(CA) 340	6-3-25 5		
1401			ber and street, city, state, ZIP code) the THETERD CITY	5663		8 mm	
Owner	. 135	(7	Purpose:	Follow-up	Release Date 6-13-25	
Owner's Ad	005		orp	2. Follow-up	100	of Violations:	
1 -		CAL	- UMET Are VALPORASO	3. Complaint			
Person in C	harge	1		4. Pre-Operational	C	C NC R	
Responsible	NET		WIBLE- MARCUM	5. Temporary 6. HACCP	Menu Type (See back of page)		
responsible			NA				
Certified Food Handler WIBLE - MARCOM 7. Other (list) 1_2						3_4_5_	
• CRITICAL	ITEMS AF		NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M			8	
• VIOLATIO	N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ID IN THE N		
Section#	C/NC	R	Narrative			To Be Corrected By	
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			No VIOLATIONS AT	1415	eterri e v	1/190	
700	Hamard		INSPECTION		152.64		
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	* Complaint FIED 15 CLOSED,						
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Received b	y (signatur	re):	A	Inspected by (signature)	1/10		
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cc:			cc:	0	cc:		