



**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 limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name HARTFORD CITY - SUBWAY	Telephone Number (765) 348-5663 <small>() Establishment</small>	Date of Inspection 2-28-22 <small>(mm/dd/yr)</small>	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1401 N WALNUT ST. HARTFORD	() Owner		
Owner JUNNUS CORP	Purpose: 1. Routine	Follow-up NO	Release Date 3-9-22
Owner's Address 633 N CALUMET AVE VALPARAISO	2. Follow-up	Summary of Violations: C 2 NC 2 R 2	
Person in Charge BOBETTE LUDLOW	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler BOBETTE LUDLOW exp 1-26-26	5. Temporary	1 ___ 2 ___ 3 X 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		VEGETABLE SLICER STORED A CLEAN SOILED WITH FOOD DEBRIS	TODAY
295	C		ICE MACHINE HAS DARK RESIDUE, CANNOT USE ICE TILL MACHINE CLEAN	TODAY
138	NC		MANAGER PREPARING FOOD WITHOUT A HAIR RESTRAINT, EMPLOYEE'S HAIR IS IN A LOOSE BALL AND NEEDS A HAIRNET	TODAY
431	NC		THE FLOOR UNDER AND AROUND ICE MACHINE IS HEAVILY SOILED WITH A DARK RESIDUE	TODAY

Received by (name and title printed): Bobette Ludlow	Inspected by (name and title printed): R. DeCaro - FSD/ALS
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:



SUBWAY

Blackford County Health Department

506 East Van Cleve Street, Hartford City, IN 47348

Phone # 765-348-4317

Fax # 765-348-3041

Operator Inspection Response

State Form 80047 (2-01)

DATE: _____

The following is a response to the inspection report Executed by the Blackford County Health Departments Food Safety Officer/EHS R Dale Carr from the Blackford Health Department on 2-28-22

Date: Action Taken by Establishment:

2-28-22 Recleaned slicer

2-28-22 Tray for machine down

2-28-22 Took Ice machine down. emptied & cleaned it.
2-28-22 All employees to wear hats
2-28-22 floor was mopped.

(Please forward this Form to the Blackford County Health Department by mail/fax within 10 days)

Name of respondent: Bobbie Ludlow Title: Store manager

Establishment Name: Subway

Address: 7401 N. Walnut St. Hartford City IN. 47348