



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 () Owner	Date of Inspection 4/12/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1401 N WALNUT St. HARTFORD CITY			
Owner JUNUS CORPORATION	Purpose: 1. Routine	Follow-up NO	Release Date 4/22/23
Owner's Address 633 N CALUMET Ave. Valpo IN	2. Follow-up	Summary of Violations: C 1 NC 1 R 0	
Person in Charge * Annette A. Marcus	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler ANNETHE WIRBLE 12-2-26 EXP.	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1	2
	7. Other (list) _____	3	4
		X	5

- 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"

Received by (name and title printed):

*Annette A. Marcus

Inspected by (name and title printed):

Wilkerr 6745

Received by (signature):

John A. Macomur

Inspected by (signature):

Dell'Orto 645

CC

cc:

CC3