



**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	Date of Inspection (mm/dd/yr) 4/12/23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1401 N WALNUT ST. HARTFORD CITY		() OWNER		
Owner JUNUS CORPORATION	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list)	Follow-up NO	Release Date 4/22/23	
Owner's Address 633 N CALUMET AVE. VALPO IN	Summary of Violations: C 1 NC 1 R 2			
Person in Charge * Annette A. Marcum	Menu Type (See back of page) 1 2 3 X 4 5			
Responsible Person's E-mail N/A				
Certified Food Handler ANNETTE WIBLE 12-2-26 EXP.				

- 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/N/C	R	Narrative	To Be Corrected By
295	NC		THE ICE MAKER IN BACK HAS A DARK RESIDUE AND IT IS ON THE INSIDE CONTACTING ICE.	TODAY
294	C		Sanitizer when checked in 3-BAY SINK Did NOT REGISTER, FACTORY SETTINGS FOR SANITIZER (8 ppm TESTED) MAY NEED TO CALL TO ADJUST DISPENSER	TODAY

Received by (name and title printed): * Annette A. Marcum	Inspected by (name and title printed): Paula EUS
Received by (signature): * Annette A. Marcum	Inspected by (signature): Paula EUS
cc:	cc:
cc:	cc: