

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 li	mit for cor	rectio	on of each violation is specified in the narrative portion of thi	s report.			
Establishm			01	Telephone Number	Date of Inspection (mm/dd/yr)		ID#
			City-SUBWAY	765 348	1		6
Establishm [40	ent Addres	is (nu	mber and street, city, state, ZIP code) ALQUOT ST. HARTFORD City	() 565	8-1-2	23	
Owner			(Purpose:	Follow-up		e Date
)	CORPORATION <	1. Routine	NO 8-11-23		
Owner's A	ddress 3 N (70	WMETAVE VALPO, IN	2. Follow-up	Summary of Violations:		
Person in C		-/-	WMETAVE VALPO, IN	3. Complaint	CZ NC R		
Person in C	Harge H		Marcon	ii xio oporationa.			_ R
Responsibl			il ,	5. Temporary Menu Type (Se			of page)
			N/A	6. HACCP	Manson Bahat		
Certified F	ood Handl	5.2	potentisty pazardous fize is resprind to single peak servi	7. Other (list) 1 2 3 × 4 5			
AWNETTE WIBLE-MARCOM 12/2/26							
• 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				rrected By
345	LC		HANDSINK LOCATED ON T	UE GRONT 1	ine	10	DAY
			is being used ASA				
	food debris in Sink						
			TOOG GEDIZIS IN VINK	N amena a San Calaba	E. E. 14.7		
129 C EmployEES putting on gloves TOD							1.40
129	C		Chapter 4 cess be (Chapter 4 to 6 cess)				
		wITHOUT FIRST WASHING HANDS					
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	7 Lister 1	han te	umanagetta, pullbar, and den, un auden maragen padding	2001 2001		el	
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				A Division of Section 1995 (1997). Illinois	- Marie		
				and the state of t			
		X	Comple + dia see	0 112 71 21			
	BCHD INSPECTAR COULD NOT CONFIRM						
12	BCMD INSPECTAR COULD NOT CONFIRM						
	Complaint AT Tais INSPECTION X						
Received by (name and title printed): Inspected by (name and title printed):							
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Received by (signature): Inspected by (signature):							
XAmu C. Moules 19/alle 67							
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