



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R/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) 8-1-23	ID # 5
Establishment Address (number and street, city, state, ZIP code) 1401 N WALNUT ST. HARTFORD CITY		Purpose: <input checked="" type="checkbox"/> 1. Routine <input checked="" type="checkbox"/> 2. Follow-up <input checked="" 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 8-11-23
Owner JUNUS CORPORATION	Owner's Address 633N CALUMET AVE VALPO, IN	Summary of Violations: C 2 NC 0 R 0		Menu Type (See back of page) 1 2 3 X 4 5
Person in Charge ANNETTE MARCUM	Responsible Person's E-mail N/A			
Certified Food Handler ANNETTE WIBLE-MARCUM 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/N/C	R	Narrative	To Be Corrected By
345	NC		HANDSINK LOCATED ON THE front line is being used AS A DUMP SINK WITH FOOD DEBRIS IN SINK	TODAY
129	C		EMPLOYEES putting on gloves WITHOUT FIRST WASHING HANDS	TODAY
			* Complaint discussed with manager BCHO inspector could not confirm complaint AT THIS INSPECTION *	

Received by (name and title printed): Annette H. Marcum	Inspected by (name and title printed): Ronald Coy - EHS	
Received by (signature): <i>Annette H. Marcum</i>	Inspected by (signature): <i>Ronald Coy</i> EHS	
cc:	cc:	cc: