



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

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 <u>Good to Go #14 / Subway</u>		Telephone Number () Establishment <u>668-7411</u>	Date of Inspection (mm/dd/yr) <u>2-13-24</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>6526 Conider Dr Marion</u>		Owner <u>Don Good</u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>	Person in Charge <u>Jeremy Webb</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: C ___ NC ___ R ___	
Responsible Person's E-mail	Certified Food Handler <u>Jeremy Webb 2/28/2025</u>		Menu Type (See back of page) 1 ___ 2 <u>X</u> 3 ___ 4 ___ 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<u>NO VIOLATIONS</u>	

Received by (name and title printed): <u>Jeremy webb</u>	Inspected by (name and title printed): <u>Ann Legare</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>

cc:	cc:	cc:
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