



**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 <i>Hicks Quick Mart / Subway</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>2-16-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>128 W Main St Gas City</i>	Owner <i>674-5500</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Mike Hicks</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Summary of Violations: <i>C - NC 1 R -</i>	
Owner's Address <i>4013 S 700 W Swapree</i>	<input type="radio"/> 2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Melissa</i>	<input type="radio"/> 3. Complaint	<i>1 2 3 4 5</i>	
Responsible Person's E-mail _____	<input type="radio"/> 4. Pre-Operational		
Certified Food Handler <i>Kassandra Exp 8-4-2022</i>	<input type="radio"/> 5. Temporary		
	<input type="radio"/> 6. HACCP		
	<input type="radio"/> 7. Other (list)		

• 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
<i>298</i>	<i>NC</i>		<i>- Subway - microwave has dried food debris on upper inside</i>	<i>Today</i>
			<i>- Store - no violations</i>	

Received by (name and title printed):	Inspected by (name and title printed): <i>Scott Kikenda II</i>
Received by (signature): 	Inspected by (signature): <i>Scott Kikenda II FSIO</i>
cc:	cc: