



**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>ManoFast Food INC (Subway)</i>	Telephone Number (716) Establishment (513-4976) Owner	Date of Inspection (mm/dd/yr) <i>7/8/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>5035 KingsBoro Dr., Brooklyn</i>			
Owner <i>Karamjeet Singh</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>None</i>	Summary of Violations: <i>P - PC - R 2</i>		
Person in Charge <i>Manoosha</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Responsible Person's E-mail <i>—</i>			
Certified Food Handler <i>Sharmi BT Bhambhani</i>			

- 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
412(a) C			+/- 8 ceiling tiles brown in color	Today,
151(a) C			Employee Not Wearing Chain Restraint while Preparing Food — SUBWAY —	

P - Priority - critical
PF - Priority foundation - ASAP
C - Core - non critical

Received by (name and title printed):

Marissa Gearhart

Inspected by (name and title printed):

Inspected by (name and title printed): *Conrad B. Hallum* 1510
Inspected by (signature): *Conrad B. Hallum*
cc:

Received by (signature):

Received by (signature):

Inspected by (signature):

cc:

CCS

CC