RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 10 days
No. of Risk Factor/Intervention Violations:
No. of Repeat Risk Factor/Intervention Violations: 6

Date: 4-6-26
Time In:
Time Out:

Establishment	Address	City/State	Zip Code	Telephone
Marion BP	4922 S Western Ave	Marion IN	46953	

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
2026-0467	Sawinder Singh	Follow up 3-30	2	2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

Compliance Status				cos	R
Supervision					
1	IN OUT	N/A	N/O	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT	N/A	N/O	Certified Food Protection Manager	
Employee Health					
3	IN OUT	N/A	N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	IN OUT	N/A	N/O	Proper use of restriction and exclusion	
5	IN OUT	N/A	N/O	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices					
6	IN OUT	N/A	N/O	Proper eating, tasting, drinking, or tobacco products use	
7	IN OUT	N/A	N/O	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands					
8	IN OUT	N/A	N/O	Hands clean & properly washed	
9	IN OUT	N/A	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10	IN OUT	N/A	N/O	Adequate handwashing sinks properly supplied and accessible	
Approved Source					
11	IN OUT	N/A	N/O	Food obtained from approved source	
12	IN OUT	N/A	N/O	Food received at proper temperature	
13	IN OUT	N/A	N/O	Food in good condition, safe, & unadulterated	
14	IN OUT	N/A	N/O	Required records available: molluscan shellfish identification, parasite destruction	
Protection from Contamination					
15	IN OUT	N/A	N/O	Food separated and protected	
16	IN OUT	N/A	N/O	Food-contact surfaces; cleaned & sanitized	

Compliance Status				cos	R
17	IN OUT	N/A	N/O	Proper disposition of returned, previously served, reconditioned & unsafe food	
Time/Temperature Control for Safety					
18	IN OUT	N/A	N/O	Proper cooking time & temperatures	
19	IN OUT	N/A	N/O	Proper reheating procedures for hot holding	
20	IN OUT	N/A	N/O	Proper cooling time and temperature	
21	IN OUT	N/A	N/O	Proper hot holding temperatures	
22	IN OUT	N/A	N/O	Proper cold holding temperatures	
23	IN OUT	N/A	N/O	Proper date marking and disposition	
24	IN OUT	N/A	N/O	Time as a Public Health Control; procedures & records	
Consumer Advisory					
25	IN OUT	N/A	N/O	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations					
26	IN OUT	N/A	N/O	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances					
27	IN OUT	N/A	N/O	Food additives: approved & properly used	
28	IN OUT	N/A	N/O	Toxic substances properly identified, stored, & used	
Conformance with Approved Procedures					
29	IN OUT	N/A	N/O	Compliance with variance/specialized process/HACCP	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Compliance Status			cos	R
Safe Food and Water				
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36	X	Thermometers provided & accurate		X
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

Compliance Status			cos	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
Utensils, Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	X	Warewashing facilities: installed, maintained, & used; test strips		X
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & wastewater properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained, & clean		X
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature): [signature] Date: 4-6-2026

Inspector (Signature): [signature] Follow-up: YES NO (Circle one) Follow-up Date: 4-24-26

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit #: 2026-0467
Date: 4-6-2026

Establishment	Address	City/State	Zip Code	Telephone
Marion BP	4922 S Western Ave	Marion, IN	46953	

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
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	Compliance Status		COS	R		Compliance Status		COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile Retail Food Establishment		

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
135(1) PF	Owner/Manager Non Compliant on Repair Needs	
307(16) C	Inside top of Ice Maker - No Ice to be sold until Corrected!!	
442(55) C	Physical Cleanliness and repairs of building	
	Citation - 028	

Person In Charge (Signature)		Date:
Inspector (Signature)	[signature]	Date: 4-6-2026

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 4/3/26

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 3.27.2026

DATE	ACTION TAKEN
3/27/26	443-55(c) cleaned floors thoroughly
4/3/26	153-5(PF) Purchased kit and trained employees on proper use

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Kevin Phair Title General Manager

Establishment Jersey Mikes Subs

Address 3117 S Western Ave Marion IN 46953

Attach additional sheets as needed.