



## **RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**

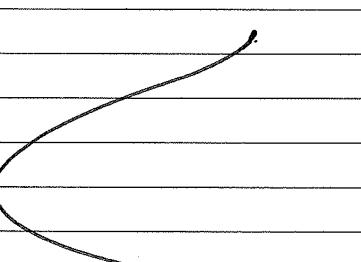
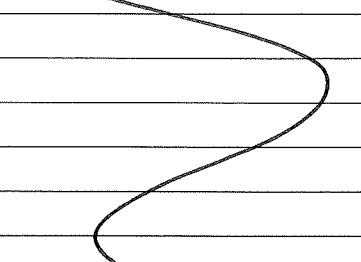
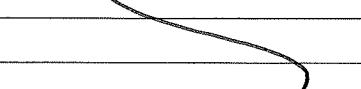
**State Form 48669 (R2/2-05)  
SDH Form 51-0001**

**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>McClue Oil / Subway</i>	Telephone Number ( <input type="text" value="765"/> ) Establishment ( <input type="text" value="674-9771"/> ) Owner	Date of Inspection (mm/dd/yr) <i>2-18-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>627 May St, Upland</i>			
Owner <i>McClue Oil</i>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="radio"/> 1. Routine</li><li><input type="radio"/> 2. Follow-up</li><li><input type="radio"/> 3. Complaint</li><li><input type="radio"/> 4. Pre-Operational</li><li><input type="radio"/> 5. Temporary</li><li><input type="radio"/> 6. HACCP</li><li><input type="radio"/> 7. Other (list) <hr/><i>Amelia Purvis</i></li></ul>	Follow-up <i>NO</i>	Release Date <i>100 Days</i>
Owner's Address <i>500 N</i>	Summary of Violations:  <i>C NC R</i>		
Person in Charge <i>Amelia</i>			
Responsible Person's E-mail <i>Amelia.Purvis@subway.com</i>	Menu Type (See back of page)  <i>1 2 3 X 4 5</i>		
Certified Food Handler <i>Amelia Purvis</i>	4/29/21		

- 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>Violations</i>	
				
				
				

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

Interactif by Cognitix

cc:

66

CC