



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

**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 ~~7-27~~, 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>SubWay #1612</u>	Telephone Number (   ) <u>765</u>	Date of Inspection (mm/dd/yr) <u>5-7-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>421 Rem Rd., Marion</u>	Owner <u>ESTKPC Company</u>	Owner <u>660-6346</u>	
Owner's Address <u>Some</u>	Purpose: <input checked="" type="radio"/> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>100 days</u>
Person in Charge <u>Eric</u>	Summary of Violations: <u>C R R</u>		
Responsible Person's E-mail <u></u>	Menu Type (See back of page) <u>1 2 X 3 4 5</u>		
Certified Food Handler <u>Christina Johnson</u>	Inspection Date <u>10/10/22</u>		

• 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"

Received by (name and title printed):

Inspected by (name and title or initials)

Received by (signature):

Inspected by *asianman*

cc:

CC:

cc.