



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 <u>Subway 1612</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>1421 W Kem Marion, In 41052</u>	<u>9-10-25</u> <u>27</u>		
Owner <u>ESTEB P</u>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date
Owner's Address <u> </u>	Summary of Violations: <u>P - P - P - 1</u>		
Person in Charge <u>Tawny</u>	Menu Type (See back of page)		
Responsible Person's E-mail <u> </u>	1 <u>2</u> <u>X</u> 3 <u>4</u> <u>5</u>		
Certified Food Handler <u>Abby Johnson exp 2027</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):

Tawny Watkin

Inspected by (name and title printed)

Inspected by (name and title principal)
Steve Fox

Received by (signature):

Received 4/14/2014 (signature).
Tony Weller

Inspected by (signature):

Inspected by (name and title principal):
Debra Snel

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