



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 #3139</u> | Telephone Number (<input checked="" type="checkbox"/>) Establishment <u>765</u> <input type="checkbox"/> Owner <u>667-1805</u> | Date of Inspection (mm/dd/yr) <u>4/125</u> | ID # <u>27</u> |
| Establishment Address (number and street, city, state, ZIP code) <u>3411 So Western Ave., Miami</u> | | | |
| Owner <u>Entex Company</u> | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) <u> </u> | Follow-up <u>NO 10 Days</u> | Release Date <u> </u> |
| Owner's Address <u>same</u> | Summary of Violations: <u>C 1 NC 2 R 1</u> | | |
| Person in Charge <u>Kayla</u> | Menu Type (See back of page) <u>1 2 X 3 4 5</u> | | |
| Responsible Person's E-mail <u>Kayla.Holcomb</u> | | | |
| Certified Food Handler <u>Kayla Holcomb</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”

| Section | C/NC | R | Narrative | To Be Corrected By |
|---------|------|---|---|--------------------|
| 308 | NC | ✓ | HAC vent0 during area has dust | Today |
| 309 | NC | | Chalk line around prep sink has oil residue - needs cleaned chip placed | |
| 299 | C | | Ice Machine has dark Residue on inside - needs cleaned | |

Received by (name and title printed):

Inspected by (name and title) (printed):

Part 1: Home (Ages 3-5)

ANSWER

20

22

1

Grant County Health Department

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

Date: 4-7-2025

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 4-1-25

DATE ACTION TAKEN

4-1-25 had SMR come out and inspect
ice machine and clean it.

4-1-25 - SMR ticket for vents to be cleaned

4-6-25 - Subway maintenance man re-caulked around
sinks

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

Name Kayla Holcomb Title General Manager

Establishment SubWay #3139

Address 3411 S Western Ave. Marion, IN 46953

Attach additional sheets as needed.