



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

9/24/25

No. of Risk Factor/Intervention Violations

3

Time In

10/1

No. of Repeat Risk Factor/Intervention
Violations

3

Time Out

27

Establishment
Subway - #14
Address 6526 Colony Dr.
License/Permit # 2025-125
Permit Holder Don Brad

City/State Marion/IN

Zip Code 46953

Telephone 7656687411

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection

R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R				
Supervision										
1 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		17 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food				
2 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Certified Food Protection Manager		18 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooking time & temperatures				
Employee Health										
3 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		19 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper reheating procedures for hot holding				
4 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper use of restriction and exclusion		20 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cooling time and temperature				
5 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		21 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper hot holding temperatures				
Good Hygienic Practices										
6 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper cold holding temperatures				
7 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Proper date marking and disposition				
Preventing Contamination by Hands										
8 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Hands clean & properly washed		24 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Time as a Public Health Control; procedures & records				
9 <input checked="" type="checkbox"/> IN	OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		Consumer Advisory						
10 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		25 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Consumer advisory provided for raw/undercooked food				
Approved Source										
11 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food obtained from approved source		Highly Susceptible Populations						
12 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food received at proper temperature		26 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Pasteurized foods used; prohibited foods not offered				
13 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food in good condition, safe, & unadulterated		27 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food additives: approved & properly used				
14 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		28 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Toxic substances properly identified, stored, & used				
Protection from Contamination										
15 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food separated and protected		Conformance with Approved Procedures						
16 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Food-contact surfaces; cleaned & sanitized	✓	29 <input checked="" type="checkbox"/> IN	OUT N/A N/O	Compliance with variance/specialized process/HACCP				

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	Compliance Status	COS	R				
Safe Food and Water										
30 <input checked="" type="checkbox"/> IN	Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> IN	In-use utensils: properly stored					
31 <input checked="" type="checkbox"/> IN	Water & ice from approved source			44 <input checked="" type="checkbox"/> IN	Utensils, equipment & linens: properly stored, dried, & handled					
32 <input checked="" type="checkbox"/> IN	Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> IN	Single-use/single-service articles: properly stored & used					
Food Temperature Control										
33 <input checked="" type="checkbox"/> IN	Proper cooling methods used; adequate equipment for temperature control			46 <input checked="" type="checkbox"/> IN	Gloves used properly					
34 <input checked="" type="checkbox"/> IN	Plant food properly cooked for hot holding			Utensils, Equipment and Vending						
35 <input checked="" type="checkbox"/> IN	Approved thawing methods used	✓		47 <input checked="" type="checkbox"/> IN	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
36 <input checked="" type="checkbox"/> IN	Thermometers provided & accurate			48 <input checked="" type="checkbox"/> IN	Warewashing facilities: installed, maintained, & used; test strips					
Food Identification										
37 <input checked="" type="checkbox"/> IN	Food properly labeled; original container			49 <input checked="" type="checkbox"/> IN	Non-food contact surfaces clean					
Prevention of Food Contamination										
38 <input checked="" type="checkbox"/> IN	Insects, rodents, & animals not present			Physical Facilities						
39 <input checked="" type="checkbox"/> IN	Contamination prevented during food preparation, storage & display			50 <input checked="" type="checkbox"/> IN	Hot & cold water available; adequate pressure					
40 <input checked="" type="checkbox"/> IN	Personal cleanliness			51 <input checked="" type="checkbox"/> IN	Plumbing installed; proper backflow devices					
41 <input checked="" type="checkbox"/> IN	Wiping cloths: properly used & stored			52 <input checked="" type="checkbox"/> IN	Sewage & wastewater properly disposed					
42 <input checked="" type="checkbox"/> IN	Washing fruits & vegetables			53 <input checked="" type="checkbox"/> IN	Toilet facilities: properly constructed, supplied, & cleaned					
Person In Charge (Signature)										
Inspector (Signature)										

Follow-up: YES NO (Circle one) Follow-up Date: 9/24/25

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION				License/Permit #	Date
Establishment <u>Subway</u>	Address <u>6526 Corridor Dr.</u>	City/State <u>Mishawaka IN</u>	Zip Code <u>46543</u>	Telephone <u>765-668-7411</u>	
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:
<u>307c C-16</u>	<u>Pop nozzles opened</u>				<u>Within 24 hours</u>
<u>308b C-16</u>	<u>Microwave soiled on inside</u>				<u>Within 24 hours</u>
<u>Subway</u>					
<u>35210a P</u>	<u>Handing unsanitary prep, sink area in sink area. Sink area have a significant pool of dirty water or have over night in prep.</u>				<u>Corrected on site</u>
Published Comment					

Person In Charge (Signature)	<u>Sophie Rincon</u>	Date: <u>9/24/25</u>
Inspector (Signature)	<u>Wimfollin 510</u>	Date: <u>9/24/25</u>