



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  
10#  
27

No. of Risk Factor/Intervention Violations

3

Time In  
Time Out

No. of Repeat Risk Factor/Intervention Violations

3

Establishment

Subway #14  
Good to go  
2025-125

Address

526 Condit Dr.

City/State

Marion IN

Zip Code

46953

Telephone

765687411

License/Permit #

Permit Holder

Don Good

Purpose of Inspection

Routine

Est. Type

2

Risk Category

2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

COS=corrected on-site during inspection R=repeat violation

Compliance Status

COS R

Supervision

1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		

Employee Health

3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		

Good Hygienic Practices

6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		

Preventing Contamination by Hands

8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		

Approved Source

11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		

Protection from Contamination

15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

Compliance Status

COS R

17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
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Time/Temperature Control for Safety

18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		

Consumer Advisory

25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
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Highly Susceptible Populations

26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
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Food/Color Additives and Toxic Substances

27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		

Conformance with Approved Procedures

29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		
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Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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

Safe Food and Water

30	IN OUT N/A N/O	Pasteurized eggs used where required		
31	IN OUT N/A N/O	Water & ice from approved source		
32	IN OUT N/A N/O	Variance obtained for specialized processing methods		

Food Temperature Control

33	IN OUT N/A N/O	Proper cooling methods used; adequate equipment for temperature control		
34	IN OUT N/A N/O	Plant food properly cooked for hot holding		
35	IN OUT N/A N/O	Approved thawing methods used		
36	IN OUT N/A N/O	Thermometers provided & accurate		

Food Identification

37	IN OUT N/A N/O	Food properly labeled; original container		
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Prevention of Food Contamination

38	IN OUT N/A N/O	Insects, rodents, & animals not present		
39	IN OUT N/A N/O	Contamination prevented during food preparation, storage & display		
40	IN OUT N/A N/O	Personal cleanliness		
41	IN OUT N/A N/O	Wiping cloths: properly used & stored		
42	IN OUT N/A N/O	Washing fruits & vegetables		

Compliance Status

COS R

Proper Use of Utensils

43	IN OUT N/A N/O	In-use utensils: properly stored		
44	IN OUT N/A N/O	Utensils, equipment & linens: properly stored, dried, & handled		
45	IN OUT N/A N/O	Single-use/single-service articles: properly stored & used		
46	IN OUT N/A N/O	Gloves used properly		

Utensils, Equipment and Vending

47	IN OUT N/A N/O	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	IN OUT N/A N/O	Warewashing facilities: installed, maintained, & used; test strips		
49	IN OUT N/A N/O	Non-food contact surfaces clean		

Physical Facilities

50	IN OUT N/A N/O	Hot & cold water available; adequate pressure		
51	IN OUT N/A N/O	Plumbing installed; proper backflow devices		
52	IN OUT N/A N/O	Sewage & wastewater properly disposed		
53	IN OUT N/A N/O	Toilet facilities: properly constructed, supplied, & cleaned		
54	IN OUT N/A N/O	Garbage & refuse properly disposed; facilities maintained		
55	IN OUT N/A N/O	Physical facilities installed, maintained, & clean		
56	IN OUT N/A N/O	Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature)

Don Good

Date:

9/24/25

Inspector (Signature)

Follow-up: YES NO (Circle one) Follow-up Date:





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State Form 57480 (R2 / 4-25)  
INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

2025-125  
License/Permit #

Date Sept. 24, 25

Establishment

Address

City/State

Zip Code

Telephone

Subway  
2000 E 150

6526 Corridor Dr.  
3103

Monroeville IN

46453

765 658 7411

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:

307 c C-16 pop 7/53 zello sealed

308 b C-16 Microwave sealed on inside

both Corrected on site

Subway

35 2/0a P

Thawing improperly in prep sink  
- If thawing in sink needs to have  
a constant flow of cold water or  
thaw overnight in frig.

Corrected on site

Published Comment

Person In Charge (Signature)

Sarah Rinker  
Carmella 4510

Date:

9/24/25  
9/24/25

Inspector (Signature)

Date: