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: Subway / Good to Go #14	**Telephone Number** ( )Establishment 765 ( )Owner 668-7411	**Date of Inspection** (*mm/dd/yr*): 9/5/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 6526 Corridor Dr., Marion			
Owner: Don Good	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: 1201 North US 35, Winamac IN		**Summary of Violations:** C 1 NC 4 R ___	
Person in Charge: George			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Certified Food Handler: Kaylee James ISSUED 11/14/19			

- 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
138	NC		No hair restraints on employees while cooking or praping	Today
187	C		Holding temp. on meatballs 92° on serving line - Needs to be held at 135°.	Remove
295	NC		Equipment soiled on outside with food ~~debris~~ debris - lids and scoops setting in soiled tubs To include outside of microwave Bread toaster	Today
324	NC		Ice touching product in freezer	
409	NC		+/- 4 ceiling tiles discolored, soiled	

Received by (*name and title printed*): Kaylee James Food Service mgr

Received by (*signature*): Kaylee James

Inspected by (*name and title printed*): Angela R. Wagallum

Inspected by (*signature*): AWagallum EHS

cc: | cc: | cc: