



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 #1612, Telephone Number: 765 Establishment, Date of Inspection: 2-15-22, ID #: 27, Establishment Address: 1421 Ken RD MARION, Owner: Estep & Company, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: 3685 N National Rd Columbus, Person in Charge: ABBEY JOHNSON, Responsible Person's E-mail: [redacted], Certified Food Handler: Raymond Havelman Exp 1-9-2025

• 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 245, NC, [blank], Wet cloth sitting on counter by toasting oven in prep area to include dirty cloth on storage rack by 3 bay SWK, Today. Row 2: 295, NC, [blank], The top and shelving on prep table has food debris on it. Not in use but still needs to be maintained clean.

Received by (name and title printed): Abbey Johnson, Inspected by (name and title printed): Scott K. Kendall, Received by (signature): Abbey Johnson, Inspected by (signature): Scott K. Kendall FS10, cc: [blank]

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 02-15-2022

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 2-15-22.

DATE:	Action Taken:
<u>02-15-22</u>	<u>245 - Team coached on proper usage of foodservice wipers</u>
<u>02-15-22</u>	<u>295 - Bone was cleaned and team was coached on keeping it clean</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Abigail Johnson Title: General Manager

Establishment Name: Subway

Address: 1421 W. Kem RD. MARION, IN 46953

Attach additional sheets as needed.