



# 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 <b>Subway 3139</b>	Telephone Number ( ) Establishment <b>(667) 7805</b>	Date of Inspection (mm/dd/yr) <b>2-7-24</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>3411 S Western Ave</b>	Owner <b>(667) 7805</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner <b>Espekt Company</b>	Purpose: <u>1. Routine</u>	Summary of Violations: <b>C — NC — R —</b>	
Owner's Address <b>3685 N National Rd.</b>	2. Follow-up	Menu Type (See back of page) <b>1 — 2 X 3 — 4 — 5 —</b>	
Person in Charge <b>Kayla Holcomb</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler <b>Kayla Holcomb 12/29/28</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

• 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
			<b>NO VIOLATIONS</b>	

Received by (name and title printed): <b>Cydney K Worland</b>	Inspected by (name and title printed): <b>Don Legare FSNO</b>	
Received by (signature): <i>Cydney K Worland</i>	Inspected by (signature): <i>Don Legare</i>	
cc:	cc:	cc: