

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.

| | | | n of each violation to specified in the investment p | I my h N h | Date of Inspe | ection ID# | |
|--|--------------------------------|---|--|--------------------|------------------------|----------------------|--|
| Establishme | ent Name | | 11 | Telephone Number | (myn/dd/yr) | cuon ID# | |
| SUBWAY # 20 440 | | | | (65) Anoismine | / | (1 7- | |
| Establishment Address (number and street, city, state, ZIP code) | | | | () Owner | 4-24 | -(4 27 | |
| 5035 5 KAY BEE DR- GASCITY | | | | | | 11.541 | |
| Owner | | | | Purpose: | Follow-up | Release Date | |
| VISION INVESTMENT GROUP | | | | 1. Routine | No 5-3-14 | | |
| Owner's Address | | | | 2. Follow-up | Summary of Violations: | | |
| Box 415 BWAton, IN | | | | 200 | Summary of Violations. | | |
| Box 413 Octo 4 1010 , In | | | | 3. Complaint | C NC R | | |
| Person in Charge | | | | 4. Pre-Operational | C NC R | | |
| * Michael Alexander | | | | 5. Temporary | Monu Tym | e (See back of page) | |
| Responsible Person's E-mail | | | | 6. HACCP | wienu Type | (Bee buck of puge) | |
| N/A | | | | 7. Other (list) | | V 3 4 5_ | |
| Certified Fo | | | 2 10 | 7. Other (nst) | 12_ | <u>~3_4_5_</u> | |
| SARAM ZIMMERMAN EXP 3-19-18 | | | | | | | |
| • 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 | |
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| Received by (name and title printed): Inspected by (name and title printed): | | | | | | | |
| * Michael Alexander Manyer Kall GM - EUS/FSTO | | | | | | | |
| Received by (signature): Inspected by (signature): | | | | | | | |
| I A MALALAM FUSTO | | | | | | | |
| CC: | | | | | | | |
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