

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 # 27106	Telephone Number (765) 948-3999	Date of Inspection (mm/dd/yr) 5-14-14	ID # 27
Establishment Address (number and street, city, state, ZIP code) 207 W 8th St. Fairmount	() Owner		
Owner Estep & Company, Inc	Purpose: 1. Routine	Follow-up No	Release Date 5-24-14
Owner's Address 3685 N National RD Columbus IN	2. Follow-up	Summary of Violations: C <u>2</u> NC <u>1</u> R <u>1</u>	
Person in Charge TIFFANY CRAVEN	3. Complaint		
Responsible Person's E-mail N/A	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler Melanie Bebout 12-3-16	5. Temporary	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
	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"

[illegible]

Received by (name and title printed): X Tiffany Craven		Inspected by (name and title printed): Ballew - FSIO/CHS	
Received by (signature): X Tiffany Craven		Inspected by (signature): Ballew - FSIO/CHS	
cc:		cc:	

Operator Response to Inspection
State Form 80047 (2-01)

Grant County Health Department

Phone 765-651-2401 ext 111
Fax 765-651-2419

Date: 5-20-14

765-651-2401 ext 111 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH
DEPARTMENT; BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by your agency's
representative

Dale Carr on 5-14-14

DATE ACTION TAKEN

5-14-14 Tomato slicer was
thoroughly cleaned.

5-14-14 soiled wiping cloths were
thrown away

5-14-14 Personal drink was put
up in drinking area immediately

Name Melanie Belant Title Manager

Establishment Subway

Address 207 W 8th St Farmington