

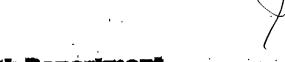
RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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.

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Establishment Name				Telephone Number	Date of Inspection ID # (mm/dd/yr)	
SUBWAY # 27106				(765) 548 3499		
Establishment Address (number and street, city, state, ZIP code)				() Owner	5-14-14 27	
207 weth St. FAIRmount						
Owner				Purpose:	Follow-up Release Date $5-24-14$	
Estep & Company Inc				1. Routine		
Owner's Address				2. Follow-up	Summary of Violations:	
	0 2 . 1		National RD Columbus DN	3. Complaint	$_{\rm C}2_{\rm NC}$	
Person in Charge TI FEAWY CRAVEN				4. Pre-Operational	$C \stackrel{\square}{=} NC \stackrel{!}{=} R \stackrel{!}{=}$	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)	
Responsible Person's E-man				6. НАССР	Mena Type (See Such of Page)	
Certified Food Handler				7. Other (list)	1 2 X 3 4 5	
NEIANIE BEBOUT 12-3-16						
• 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	
295	C	$\sqrt{}$	FOOD PROCESSOR STORED A	+5 c/54N, 50	1/60 TODAY	
		•	WITH DRIED FOOD DEBRIS	(REPEAT DRIVE	R	
			INSPECTION 8-15-13 1-23-13)			
			,			
245	A > -		Solve in last solve to the transmitted			
243	ŊC		Soiled wiping cloths laying on DRAINBOARDS TOPAY			
			of prep SINK AND 3-BAY SINK			
136	<u>_</u>		PERSONAL DRINK SETTING ON PROP table TODAY			
				·		
				- MANAGES - LANGES -		
····				- Addition		
				A Alberta		
				.5*		
D 11	(1 4:41	I I	Inenected by (name and fills	rinted):	
Received by (name and title printed): Inspected by (name and title printed):						
X Tiffany Craven Received by (signature): Inspected by (signature): Kalour- FSIO/EUS						
Received by (signature): Inspected by (signature):						
8	14	eun	y Claven	Mallen-	- 1-5.70/EUS	
cc:		T	cc:	' (cc:	
		し	/			

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



Grant County Health Department

one 765-651-2401 ext 111 x-765-651-2419
Date: 5-20-14
55-651-2401 ext 1 1.1. (Phone) 765-651-2419 (Fax) rant County Health Department 01 South Adams Street Iarion, IN 46953
LEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH EPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.
the following is my response to the inspection report prepared by your agency's expresentative ale Carr on 5-14-14,
DATE ACTION TAKEN 5-14-14 Tomatoe 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
ame Melaure Belant Title Marrager
ddress 207 W 845 The Farmon and