

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.

The time in			n of each violation is specified in the narrative portion or the			7	
Establishm	COUNTY SECTION OF THE		5 2 224	Telephone Number Date of Inspection (mm/dd/yr) ID #			ID#
			- SUBWAY	(67)		_/,	77
			mber and street, city, state, ZIP code) Phi Pike - Sweetser	() Owner	6-2	9-16	27
Owner	-		in the observed	Purpose:	Follow-up	Releas	e Date
MICHAE! HICKS				1. Routine	No 7-9-16		
Owner's A	ddroce			2. Follow-up	Summary of Violations:		
4015	5	70	oon Sweetser	3. Complaint			
Person in C	harge		1	4. Pre-Operational	$\begin{bmatrix} 2 \end{bmatrix}_{NC} \begin{bmatrix} 2 \end{bmatrix}_{R} \begin{bmatrix} 1 \end{bmatrix}$		
x Ho	ilec	1	Anee	•			
Responsible			il	5. Temporary	Menu Type (See back of page)		
3			NSA A SECOND OF THE SECOND OF	6. HACCP			
Certified Fo	ood Handle	er	0	7. Other (list)	1 2 1 3 4 5		
AMANDA PIERCE EXP1-27-19							
• 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		1	Го Ве Со	orrected By
245	NC		THERE ARE 7-3 SOILED	wipma cloth		-11	DAY
210	100	•	LAYING ON 3-BAY SINK,		202		
				THE STATE OF THE S	/ art or a	NI III	
-01	-		preptable	20.16	1-	7	3000
274	C		THE SANITIZER IN THE				DDAY
			MEASURED & ppm INST	EAD of NANU	TACTU	165	
			150-400 ppm				
178	NC		PRE-PACKAGED CRACKER	5 STORED L	noer	T	ODAY
			THE plumbing of the HA	ANOSINK			
418	Ne	qi i	A PURSE IS SETTING ON A	Box / Contai	ner TODAY		
	Saltani > 0	- = 191	of ethos AND A WALET.				
173	C		PERSONAL DRINKS & FOO				PACIC
1 0			OVER CHICKEN & CUCUMA				
				JERS IN WAR	70.00		
			Coular,				
				ų.			
				ripagang bagang bagan pang	2.001		
				of the state to	news or gin	ge 154° ₀	
							1
Received by	(name and	title j	printed):	Inspected by (name and title pr	rinted):		
x Hailey Knee Klalelaw - FSIO							
Received by (signature): Inspected by (signature):							
1x Houlds tree Kale Sun- 1-5ID							
cc: cc: cc:							

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Fax 765-651-2419

DATE: 6-29-16

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

Dale Carr / Kathy Glickfield from the Grant Co. Health Department on 6-29-16.

DATE: Action Taken:
Wooter or sanifize bucket to the Staff again.
Wittel Of Sunifize Proces 10 THE State again.
will show all staff how to test sanitizer again and make sure they have the water at 70°F and the ppm at 200
·
The packaged crackers have been moved to a new location away from all plumbing and lein off the floor.
All staff have been told again to store all personal items in the back in the office.
All Staff has been told thanout all personal drinks go on bottom
Name of Respondent: Amanda Ritrol Title: Manager Shelf
Establishment Name:Sweetser Subway
Address: 210. E. Delphi Rd Sweetser 114 46987