

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001 GRANT COUNTY HEALTH DEPARTMENT FOOD DIVISION 401 SOUTH ADAMS STREET MARION. IN 46952

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of this report.							
Establishment Name				Telephone Number	Date of In: (mm/dd/yr	spection ID#	
Subway # 11012				() Establishment	(mm/awyr	Ί Ι	
Establishme	ent Addres	s (nu	mber and street, city, state, ZIP code)	() Owner 346	11-	12-17 97	
1421 Kem Rd Marion IN							
Owner			The second	Purpose:	Follow-u	p Release Date	
Echa of Carona January				1. Routine	in	Indous	
Owner's Address				4	Summary of Violations:		
						y of Violations:	
<u> </u>	Person in Charge C NC R						
Person in C	narge . \ _	(NE STEEL F	4. Pre-Operational	c_7	_ NC_O R_O	
Kayla Contreras				5. Temporary	Menu Type (See back of page)		
Responsible Person's E-mail				6. НАССР	Menu Type (See back of page)		
		conversión (7. Other (<i>list</i>)	, ,	V 2 4 "	
Certified Fo	1		O V Tak il as as		12_X_345		
Debra Black Exp: 11-30-20							
• 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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