

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 parrative portion of this report.

The time limit for correction of each violation is specified in the narrative portion of	of this report.		<i>A</i>
Establishment Name	Telephone Number	Date of Inspe (mm/de/yr)	etion ID#
QUICK WART / SUBWAY	7656745500		
Establishment Address (number and street, city, state, ZIP code)	() Owner	11/5/1	8 27
128 WMAIN St. 645 City		1 7	
Owner , /	Purpose:	Follow-up	Release Date
MICHAEL HICKS	1. Routine	NO	11/15/18
Owner's Address	2. Follow-up		of Violations:
4019 5. 700 W SWAY3EE	3. Complaint	·	
Person in Charge		c2	NC R
MICHAE HICKS	4. Pre-Operational		NOW R
Responsible Person's E-mail	5. Temporary	Menu Type	(See back of page)
٨/٨	6. HACCP		
Certified Food Handler	7. Other (list)	1 2 5	√ 3 <u>4</u> 5
LASAWDRA WITHROW 8-2022			
P 10 WOOO TO THE OWNER OF THE OWNER OWNER OF THE OWNER OF THE OWNER OWNE	ANC MADIZED 4C**		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUM			
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THI	E "SUMMARY OF VIOLATIONS" A	ND IN THE NA	RRATIVE BELOW AS "R"
Section# C/NC R Narrative			Γο Be Corrected By
295 C X THE CAN OPENER BLAN	DET BASE SOILE)	TODAY
WITH OLD DRIED FOOD	Netanis		
WIFE OLD DELETO TODD	100/5/01 J		
		/	
120 C THIS FACILY LACKS	A SICK EMI	lover	Corrected
policy	V		
- Point			
210 Ma FIG - 2 BAUCHA A B	101/11/11/11	Cian	N OWNER BU
218 NC THE 3-BAY SINK IS B			P new fro
Store	OR REPLACE	7	10 DAYS
468 NE THE VENT COVERS ON	SUE COMMO	550R	TODAY
100 Re 148 Voici 2010-5 010	UNITS IN WALK-IN COOLERS		
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