

## 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.

Carried Transport of Control		ccno	it of each violation is specified in the natural parties	Telephone Number	Date of Inspe	ction ID#	
Establishm		,	101		(mn/dd/yr)		
l Mv	MAR	F	LC / Sibway	(760) Establishment	ـ . ـ ا	200	
Establishment Address (number and treet, city, stat, ZIP code)				674-3500	17.8.2	4 d/	
12BW MAIN J.				6/4-53			
Owner 011				Purpose:	Follow-up	Release Date	
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HOM AN ShUSUMAR (MI)				4 L <i>J</i> /			
Owner's Address				2. Follow-up	Summary of Violations:		
SAMer				3. Complaint	1 1 1 1		
Person in Charge				4. Pre-Operational	C NC R		
Kilhi	ut-			5. Temporary	V /		
Responsible	e Person's 1	E-ma	1	6. НАССР	Menu Type (See back of page)		
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Certified F	ood Handle	r. ,	011	7. Other (list)	12_/	/_345	
		7/	max Padel con 122028		/	I	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	ND IN THE NAI	RATIVE BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Corrected By	
No-	17/10			lemy Knives		Tulan	
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## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111 765-651-2419 DATE: 1-8-2024
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 Dean Small / April Legare from the Grant Co. Health Department on $\frac{7-824}{}$
Date: Action Taken:  1-8-24 PAN WAS Cleared and Knives were  Cleaned 995.11.
7-8-24 FAIN COVERS TAVES DOWN and Cleaned.
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)
Name of Respondent: Rober Title: MANGER  Establishment Name: NV MANGE Subway
Establishment Name:
Address: 128 W. MAIN ST

Attach additional sheets as needed.