



**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.

Establishment Name <i>Sweetser Subway</i>	Telephone Number <i>768 Establishment (384) 7027</i>	Date of Inspection (mm/dd/yr) <i>8-7-24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>210 E Delphi Pk</i>	Owner <i>Kyle Taylor</i>	Follow-up	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Summary of Violations: <i>C 1 NC 0 R 0</i>	
Person in Charge <i>Kyle</i>	Responsible Person's E-mail <i>10/21/26 CYNTHIA SMIDFER</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>EMMA MCGUIRE - 2028</i>			

- 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
<i>295</i>	<i>C</i>		<i>The following (Food Contact) items is soiled with dry food and dust etc. 1. tongs under warmer 2. Clean knives on condiment counter 3. lights above signs 4. Gray tubs has clean lids stored in it</i>	<i>Today</i>

Received by (name and title printed): <i>Kyle Taylor Owner</i>	Inspected by (name and title printed): <i>Angela K M Colburn Don Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: <i>Don Bell Bets</i>