

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER

MARY MEFFORD

4007530

Expire 4/2011

Date of Inspection

9/30/09

Release Date

10/10/09

Follow Up (Yes - No)	
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NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

Based on an inspection this day, the item(s) noted below identify violation(s) 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.



ORIGINAL

Establishment Name SUBWAY #17817				Telephone Number (765) 287-0982	
Establishment Address (number and street, city, state, ZIP code) 2910 WHITE RIVER BLVD. MUNCIE IN 47304					
E-Mail Address				Purpose: 1 - ROUTINE	
Owner's Name ESTEP & COMPANY, INC.				Menu Type: 2 = Limited Menu	
Owner's Address (city, state, ZIP code) 1010 25TH ST COLUMBUS IN 47201				SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
Name of Person In Charge MARY MEFFORD					
Establishment Identification Number 462	County 1 8	District C T B			

* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

[illegible]

Received By (Name and Title Printed) MARY MEFFORD, Store Manager	Inspected By: Tim Botkin, DCHD
Received By: (Signature) 	Inspector Signature:  Page 1 of 1

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