

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

Date of Inspection Release Date

> 10/6/10 10/16/10

Follow Up (Yes - No) 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 Requiremen	ts. The time limit for correcti	on of each violation is specified i	in the narrative portion of this report.		
Establishment Name	Telephone	Telephone Number			
SUBWAY #17817	(765) 2	(765) 287-0982			
Establishment Address (number and street, c	ity, state, ZIP code)			JAID	
2910 WHITE RIVER BLVD.		MUNCIE	IN	4704	
E-Mail Address R.ARNETT@ESTEP-CO.COM			Purpose:	Menu Type:	
Owner's Name ESTEP & COMPANY, INC.			1 - ROLLING	2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 1010 25TH	ST COLUMBI	JS IN 47201	SUMMARY OF	F VIOLATIONS:	
Name of Person In Charge MARY MEFFORD			CRITICAL / NON-C	CRITICAL / REPEAT	
Establishment Identification Number 462	County 1 8	District CDS	C _ 0 _ NC _	NC0 _ R	
Critical items are identified in the narrative co	olumns marked "C" ("NC" No	on-Critical)			

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

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				NO VIOLATIONS FOUND AT THIS INSPECTION	
			-	GUMPLE II E	
D : 10 0		1 mil n			
Received By (1		Inspected By: OHRISTINE DELY-STINSON, REI	HS