

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER								
AMANDA ROSEBERRY	# 6860730	Expire						
Date of Inspection	Release Date	Follow Up (Yes - No)						
5/31/11	6/10/11	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.

Establishment Name Telephone Number										г		
SUBWAY #17817 (765) 287-									7-098	32		
Establish	ment Ado	dress (nui	mber and stree	t, city, state, ZIP coo	de)							
2910 WHITE RIVER BLVD. MUNCIE								IN 47304				
E-Mail Address							Purpose: Me			Menu Type:		
Owner's Name ESTEP & COMPANY, INC.						1 - ROUTINE 2 -				LIMITED MENU		
Owner's Address (city, state, ZIP code) 1010 25TH ST COLUMBUS IN 47201							È	SUM	MARY OF V	/IOL	ATIONS:	
Name of Person In Charge MARY MEFFORD							CRITICAL / NON-CRITICAL / REPEAT					
Establishment Identification Number County District 18 NANCY L.								C NC R				
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"										ORIGINAL		
Annex Key	C / NC	R	Section #				Narrative					Corrected By Date
17B	NC		222	Section 222Ec Door under wa	quipment op ish sink brok	enings, clos en, in need	or repair.	ctors.				1 Week
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												0
									J		1	
			<u> </u>								-	
Receive	d By (N	ame and	Title Printec	offoro	D	In	spected By:		NANO	CY LARSO	N	
	ad By: (S			ford		In	spector Signatu		corson	J		Page 1 of