

Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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MARY Med	RTIFIED FO	od Hand)
Date of Inspection	Release Dat		Follow	v Un (Yes - No)

11/10/12

NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT |2:50-1:30

10/31/12

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 SUBWAY #17817 (765) 287-0982 Establishment Address (number and street, city, state, ZIP code) 2910 WHITE RIVER BLVD. MUNCIE IN 47304 E-Mail Address Purpose: Menu Type: 2 - LIMITED MENU 1 - ROUTINE Owner's Name ESTEP & COMPANY, INC. Owner's Address (city, state, ZIP code) 3685 NATIONAL RD **COLUMBUS** IN 47201 SUMMARY OF VIOLATIONS: N Name of Person In Charge MARY MEFFORD CRITICAL / NON-CRITICAL / REPEAT County District Establishment Identification Number NC (L 8 462 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" Corrected By Annex Section R Narrative # Date Key NC NO VIOLATIONS FOUND AT THIS INSPECTION Received By (Name and Title Printed) Inspected By: Inspector Sign Page 1 of