

**Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

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**CERTIFIED FOOD HANDLER**

RICK FREY

# KB9712203

Expire 5/2011

Date of Inspection

10/14/09

Release Date

10/24/09

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 Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

**ORIGINAL** *SAK*

Establishment Name <b>SUBWAY #34873</b>		Telephone Number <b>(765) 254-1801</b>	
Establishment Address (number and street, city, state, ZIP code) <b>4801 W CLARA LANE MUNCIE IN 47304</b>			
E-Mail Address		Purpose: <b>1 - ROUTINE</b>	
Owner's Name <b>ESTEP &amp; COMPANY, INC.</b>		Menu Type: <b>2 = Limited Menu</b>	
Owner's Address (city, state, ZIP code) <b>1010 25TH ST COLUMBUS IN 47201</b>			
Name of Person In Charge <b>Tony Nowels, Manager</b>			
Establishment Identification Number <b>449</b>	County <b>1 8</b>	District <b>C T B</b>	
SUMMARY OF VIOLATIONS:  CRITICAL / NON-CRITICAL / REPEAT  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"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
				No Violations observed during this inspection visit conducted during normal business hours.	
				ATTENTION: YOUR 2009 FOOD PERMIT WILL EXPIRE ON 31 DECEMBER 2009 AND MUST BE RENEWED NO LATER THAN 31 JANUARY 2010.	

Received By (Name and Title Printed)  
Tony Nowels, ManagerInspected By:  
Tim Botkin, DCHD

Received By: (Signature)

Inspector Signature:

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