Delaware County Health Department 100 West Main Street, Room 207 Muncie, Indiana 47305	CERTIFIED FOOD HANDLER RICK FREY # KB9712203 Expire		
Phone (765)747-7721 Fax (765)747-7747	Date of Inspection	Release Date	Follow Up (Yes - No
email - dchealth@co.delaware.in.us	8/30/11	9/9/11	NO
RETAIL FOOD ESTABLISHM Based on an inspection this day, the item(s) noted below identify vio Sanitation Requirements. The time limit for correction of each	olation(s) of 410 IAC 7 - 24,	Indiana Retail Food Establishm	ent
Establishment Name		Telephone	
SUBWAY #34873 Establishment Address (number and street, city, state, ZIP code)		(765) 2	54-1801
Establishment Address (number and street, city, state, ZIP code) 4801 W CLARA LANE	UNCIE	IN	47304
E-Mail Address		Purpose:	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	N 47201	SUMMARY OF	VIOLATIONS
Name of Person In Charge RICK FREY		CRITICAL / NON-CI	
Establishment Identification Number County	District		R
449 1 8 Nan Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)	ncy Larson	N	OPICINAL
* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF V		rative below as "R"	SHIVINAL
Annex / R Section Key NC #	Narrative		Corrected By Date
No violations observed during this in	ispection.		
Received By (Name and Title Printed) Richard B Fitz MyZIn	nspected By:	NANCY LARSO	N
	nspector Signature:	∂	Page 1 of 1
OFFICE	ECOPY	farsen	