

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

no current food handler	#	Expire
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Date of Inspection

6/26/12

Release Date

7/6/12

Follow Up (Yes - No)

YES

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 SUBWAY #48662				Telephone Number (765) 789-6003	
Establishment Address (number and street, city, state, ZIP code) 996 WEST MAIN ALBANY IN 47320					
E-Mail Address				Purpose: 1 - ROUTINE	
Owner's Name ESTEP & CO, INC				Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 3685 N NATIONAL RD COLUMBUS IN 47201				SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C <u>1</u> NC <u>0</u> R <u>0</u>	
Name of Person In Charge JIM MOODY					
Establishment Identification Number 429		County 1 8	District L S H		

* 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"

[illegible]

Received By (Name and Title Printed) FRANK DICKER

Received By: (Signature)

Inspected By:

LYNNETTA HARLEY

Inspector Signature: _____

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