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
will call w/ info ____ # ____ Expire ____

Date of Inspection	Release Date	Follow Up (Yes - No)
6/24/11	7/4/11	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: 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:
Owner's Name: STELLA ESTEP
Owner's Address (city, state, ZIP code): 1010 25TH ST COLUMBUS IN 47301
Name of Person In Charge: CRAIG BARKNIMER
Establishment Identification Number: 429
County: 1 8
District: L S A

Purpose: 1 - ROUTINE
Menu Type: 2 - LIMITED MENU

SUMMARY OF VIOLATIONS:
CRITICAL / NON-CRITICAL / REPEAT
C 0 NC 0 R 0

ORIGINAL

* 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.	

Received By (Name and Title Printed): Jim Moody Manager
Received By: (Signature): Jim Moody
Inspected By: Lynnetta Harley
Inspector Signature: Lynnetta L. Harley
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