

Establishment Name

## **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							
Jim Moody	#	Expire					
Date of Inspection	Release Date	Follow Up (Yes - No)					
11/17/11	11/27/11	NO					

Telephone Number

## 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.

SUBWAY #48662						(765) 789-6	003		
			mber and stree	et, city, state, ZIP code)					
996 WEST MAIN ALBANY					ALBANY	IN 47320			
E-Mail Address					Purpose:	Purpose: Menu Type:			
Owner's Name					1 - ROUTINE 2 - LIMITED MENU				
STE	ELLA E								
				BUS IN 47301	SUMN	SUMMARY OF VIOLATIONS:			
Name of Person In Charge DANETTA HAWK						CRITICAL	CRITICAL / NON-CRITICAL / REPEAT		
Establishment Identification Number 429			n Number	County 1 8	District L S H	C0_	NC 0	R0	
Critical it Violation	tems are in(s) repeat	dentified ted from p	in the narrativ previous inspec	re columns marked "C" ("NC" ctions are denoted in the "SUM	Non-Critical) MMARY OF VIOLATIONS" and in th	he narrative below as "R"	en o	RIGINAL	
Annex Key	C / NC	R	Section #	1	Narrative			Corrected By Date	
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						601	MPLE		
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					range at 1 Page				
Received By (Name and Title Printed)			Inspected By:	LYNNETTA HARLET					
Received By: (Signature)					Inspector Signature	the the	Harley	Page 1 of _1_	
					OFFICE COPY		O		