



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

DELAWARE COUNTY DEPARTMENT OF HEALTH 100 W MAIN RM 207 MUNCIE IN 47305-2874 (765) 747-7721

Based on an inspection this day, the item(s) noted below identify violations 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) 739-6003, Date of Inspection: 10/19/12, ID #: 429, Establishment Address: 9916 N. Main Albany 47301, Owner: Stella Ester, Purpose: Routine, Follow-up: No, Summary of Violations: C, NC, R, Menu Type: 1, 2, 3, 4, 5, Person in Charge: Adam Willen, Certified Food Handler: Pending

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No VIOLATIONS @ TIME OF INSPECTION'.

COMPLETED

Received by (name and title printed): Adam Willen, Inspected by (name and title printed): NANCY LARSON, Received by (signature): Adam Willen, Inspected by (signature): Nancy Larson