

## RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

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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.

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Establishment Name  SUBWAY # 4866 Z  Establishment Address (number and street, city, state, ZIP code)  966 W State St AlBAMA 47320			Telephone Number 965789-6003	Date of Insp (mm/dd/yr)  2/19	ection 9/13	<sup>ID#</sup>
Owner Estep +Co			Purpose:			2813
3635 N NATIONAIRd Columbus To 47301			2. Follow-up 3. Complaint	Summary of Violations:		
Person in Charge Adom Willer			4. Pre-Operational 5. Temporary	C NC R  Menu Type (See back of page)		
Responsible Person's E-mail  Certified Food Handler			6. HACCP 7. Other (list) 1 2 3 4 5		4 5	
Ad	Am Wi	Hed Serve Saf 1/2018	MADVED 4C#	7		-''-
• VIOLATIO	ON(S) REPEATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS  D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SI	The second secon			
Section#	C/NC R	Narrative			To Be Co	orrected By
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Y	y (name and title Adam) y (signature):	printed): Willeam CC:	Inspected by (name and stille)  Inspected by (signature):	-oxel		
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