RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

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 #27106	**Telephone Number**: ( ) Establishment 765 9485999 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 7/17/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 207 W 5th St. Fairmount			
Owner: Step C Company	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: same	2. Follow-up	**Summary of Violations:** P— PF— R3	
Person in Charge: Melanie	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
Certified Food Handler: Melanie Bebout 10/10/23	5. Temporary	**Menu Type** (*See back of page*): 1 2 X 3 4 5	
	6. HACCP		
	7. Other (*list*)		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
307(a)	C		Ice Machine - inside top has black debris on it	Today
412(a)	C		+/-8 ceiling tiles above bread oven brown/tan color	
306(a)	C		The following NCN Food Contact area soiled with dry food and other debris 1. Bread warmer top 2. Toaster Oven top/handle	

P - Priority = Critical
PF - Priority Foundation = ASAP
C - Core = Non Critical

Received by (*name and title printed*): Melanie Bebout	Inspected by (*name and title printed*): Angela R McCollum
Received by (*signature*): Melanie Bebout	Inspected by (*signature*): 7/10
cc:	cc:
cc:	cc: