



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

JAMES MOODY #

Expire 5/2010

Date of Inspection

9/22/09

Release Date

10/2/09

Follow Up (Yes - No)

NO

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

ORIGINAL

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 #1010		Telephone Number 7652892112
Establishment Address (number and street, city, state, ZIP code) 3521 FOX RIDGE LANE MUNCIE IN 47304		
E-Mail Address		Purpose: 1 - ROUTINE
Owner's Name ESTEP & COMPANY, INC.		Menu Type: 2 = Limited Menu
Owner's Address (city, state, ZIP code) 1010 25TH STREET T COLUMBUS IN 47201		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____
Name of Person In Charge JAMES MOODY, MGR		
Establishment Identification Number 115	County 1 8	

- * 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 observed during this inspection visit conducted during normal business hours.	

Received By (Name and Title Printed) Stacy Sayers, Assistant Manager	Inspected By: TIM BOTKIN
Received By: (Signature) <i>Stacy Sayers</i>	Inspector Signature: <i>Tim Botkin</i>
Page 1 of 1	

OFFICE COPY