



Delaware County Health Department

100 West Main Street, Room 207

Muncie, Indiana 47305

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CERTIFIED FOOD HANDLER		
JAMES MOODY	#	Expire
Date of Inspection	Release Date	Follow Up (Yes - No)
8/6/10	8/16/10	NO

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.

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 R.ARNETT@ESTEP-CO.COM		Purpose: 1 - ROUTINE	
Owner's Name ESTEP & COMPANY, INC.		Menu Type: 2 - LIMITED MENU	
Owner's Address (city, state, ZIP code) 1010 25TH STREET COLUMBUS IN 47201			
Name of Person In Charge JAMES MOODY, MGR			
Establishment Identification Number 115	County 1 8	District CDS	

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C 0 NC 0 R 0

* 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.	

ORIGINAL

Received By (Name and Title Printed)	Inspected By: CHRISTINE DELY- STINSON, REHS
Received By: (Signature) <i>James Moody</i>	Inspector Signature: <i>[Signature]</i> REHS
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