



Delaware County Health Department

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CERTIFIED FOOD HANDLER

WILLIAM PARKER # 6680415 Expire _____

Date of Inspection 5/31/11	Release Date 6/10/11	Follow Up (Yes - No) NO
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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		Purpose: 1 - ROUTINE	Menu Type: 2 - LIMITED MENU
Owner's Name ESTEP & COMPANY, INC.		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC <u>1</u> R _____	
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		

* 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"

ORIGINAL

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
8, 17D	NC		295	Section 295..Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils. Drink dispensers and microve not clean to sight or touch.	Today

Received By (Name and Title Printed) <i>James J. Moody</i>	Inspected By: NANCY LARSON
Received By: (Signature) <i>James J. Moody</i>	Inspector Signature: <i>Nancy Larson</i>
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