RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

WELLS COUNTY HEALTH DEPT.
223 W. Washington, Suite 202
BLUFFTON, IN 46714-1955
(260) 824-6489

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	**Telephone Number** (260) Establishment 622-6433 (260) Owner 622-4299	**Date of Inspection** *(mm/dd/yr)* 2/23/2010	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) 502 S JEFFERSON ST. OSSIAN IN 46777			
Owner CURTIS FOUGHTY	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 3/2/2010
Owner's Address 613 SHADY LANE OSSIAN IN 46777	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge MARY DOWELL	4. Pre-Operational 5. Temporary	C 0 NC 0 R —	
Responsible Person's E-mail	6. HACCP 7. Other (*list*)	**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler KAREN FOUGHTY			

- 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
			NO VIOLATIONS	

Received by (*name and title printed*): Mary Dowell	Inspected by (*name and title printed*): JENNIFER M COLEMAN, EHT
Received by (*signature*): Mary Dowell	Inspected by (*signature*): Jennifer M Coleman

cc:	cc:	cc: