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) 824-6480~~

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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
SUBWAY # 4158	(260) Establishment 824-7821 (260) Owner 824-0479	3/10/10	
Establishment Address (*number and street, city, state, ZIP code*)			
933 N. MAIN ST. BLUFFTON IN 46714			
Owner	**Purpose:**	**Follow-up**	**Release Date**
VISION INVESTMENT GROUP	(1. Routine)		3/10/10
Owner's Address	2. Follow-up	**Summary of Violations:**	
P.O. BOX 415 BLUFFTON IN 46714	3. Complaint	C 2 NC 0 R 0	
Person in Charge	4. Pre-Operational		
ANGIE BOONE	5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*)	
	7. Other (*list*) _____	1 2 ✓ 3 4 5	
Certified Food Handler			
ANGIE BOONE			

- 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
136	C		EMPLOYEE FOOD AND OPEN DRINK WERE STORED ON THE FOOD PREP TABLE TO THE LEFT OF THE VEGETABLE PREP SINK	TODAY CORRECTED
295	C		THE NOZZLES FOR COKE AND DIET COKE ON THE FOUNTAIN SODA MACHINE HAD A LARGE ACCUMULATION OF DEBRIS ON THE INTERIOR	TODAY CORRECTED

Received by (*name and title printed*)	Inspected by (*name and title printed*):
Angela R. Boone	JENNIFER COLEMAN EHS
Received by (*signature*): Angela R Boone	**Inspected by** (*signature*): Jennifer M Coleman
cc:	cc:
	cc: