Retail Food Establishment



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

Based on the 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 #29403					Telephone Number Est 317-892-8000	Date of InspectionID#09/18/2024		ID#	
Establishment Address 8 E Main St, Pittsboro IN 46167						01:25 pn	1	1742	
<b>Owner</b> Pittsboro SBY 29403 LLC					Purpose Routine	Follow Up NO		<b>Released</b> 09/28/2024	
Owner's Address					Follow-up Complaint	Menu Type 1 2 <u>X</u> 3 4 5			
Person in Charge Trina Lawrence					Pre-Operational Temporary				
Responsible Person's Email					HACCP Other (list)				
Certified Food Hand Harjinder Dhami	ller	Serv	Safe	Exp. 03/26/2024					
CRITICAL ITEMS ARE IDENT				N THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C/NC	R	Narrative	DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" Trative To Be Corrected By					
		0	stated that an ex resulted in the immediately up	blishment and discussed motional support animal complaint. She stated that pon receiving the compla	the complaint with the manager. had been in the establishment what the animal was removed int. I reiterated that ADA service oport animals were not permitted	nich			
Summary of Violations     C     NC     R     0									
Received by (name and title printed): Reviewed w/person-in-charge					Inspected by (name and title printed): BRIAN PORTWOOD				
Received by (signature):					Inspected by (signature):				
cc: cc:					-	cc:			