Retail Food Establishment Inspection Report

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

Hendricks County Health Department
Telephone (317) 745-9217
Fax (317) 745-9218

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	Telephone Number	Date of Inspection	ID#
Subway #61411	Est 317-489-9505	03/20/2025 12:43 pm	2194
Establishment Address 10995 E US 136, Indianapolis IN 46234			

Owner	Purpose	Follow Up	Released
SUBIN 23 LLC	__X__ Routine	NO	03/30/2025
Owner's Address	___ Follow-up		
	___ Complaint		
Person in Charge Garry Singh	___ Pre-Operational	**Menu Type**	
	___ Temporary	1__ 2_X_ 3__ 4__ 5__	
Responsible Person's Email	___ HACCP		
	___ Other (list)		

Certified Food Handler		Exp.
Tonya Easton	ServSafe	02/21/2029

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 NARRAIVE COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
			No violations noted at the time of inspection.	
		0		

Summary of Violations C _____ NC _____ R 0

Received by (name and title printed):	Inspected by (name and title printed):
Reviewed w/person-in-charge	BRIAN PORTWOOD
Received by (signature):	Inspected by (signature):

cc:	cc:	cc: