

Received by (name and title printed): <redacted>		Inspected by (name and title printed): <redacted>	
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NARRATIVE REPORT

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State Form 22116 (R7 /12-04)
SDH Form 51-0001

NARRATIVE REPORT

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Vanderburgh County Department of Health
Telephone 812-435-2400 opt 3
Fax 812-435-5871

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 Firehouse Subs		Telephone Number (812) 909-4445		Date of Inspection (mm/dd/yr) 06/30/2020		ID # 12009	
Establishment Address (number and street, city, state, zip code) 1031 N Green River Rd. #102, Evansville, IN, 47715		() Owner <redacted>					
Owner Mickey McKee		Purpose: <input checked="" type="checkbox"/> Routine		Follow-up No		Release Date 07/10/2020	
Owner's Address <redacted>		<input type="checkbox"/> Follow-up		Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u>			
Person in Charge <redacted>		<input type="checkbox"/> Complaint					
Responsible Person's E-mail		<input type="checkbox"/> Pre-Operational		Menu Type (See additional page) 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>			
Certified Food Handler		<input type="checkbox"/> Temporary					
		<input type="checkbox"/> HACCP					
		<input type="checkbox"/> Other (list) _____					

- 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”

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