



FI-3407

Date: 10/16/2023	Time in: 09:32	License/Permit # 0	Est. Type SD	Risk Category SD	Page <u>1</u> of <u>2</u>																																																																																																																																																																																																																		
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		TOTAL/SCORE		94																																																																																																																																																																																																																			
Establishment Name: Subway		Contact/Owner Name: Amanda Gunter				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>																																																																																																																																																																																																																	
Physical Address: 11700 US Hwy 380		Pest control : NA				Grease trap : NA																																																																																																																																																																																																																	
Follow-up: No																																																																																																																																																																																																																							
<p><b>Compliance Status:</b> Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W = Watch Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> in appropriate box for R</p>																																																																																																																																																																																																																							
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