



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

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 <i>380 Smokehouse & Grill</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6-6-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code)		Follow-up <i>—</i>	Release Date <i>—</i>
Owner <i>Trent & Diane Miller</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Summary of Violations: <i>C — NC — R —</i>	
Owner's Address		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Person in Charge <i>Diane</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Diane Miller exp 10/21</i>			

- 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
			<i>OK to open</i>	
			<i>CDC guidelines in place</i>	

Received by (name and title printed): <i>Diane Miller</i>	Inspected by (name and title printed): <i>Dawn Small FST</i>
Received by (signature): <i>Diane Miller</i>	Inspected by (signature): <i>Dawn Small FST</i>
cc:	cc: