



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>Apple bees Bar/Grill</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>7-9-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1129 N. Baldwin Ave Marion</i>	Purpose: 1. Routine 2. Follow-up 3. <u>Complaint</u> 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>C</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>Apple Indiana 111 LLC</i>		Summary of Violations:  C ___ NC ___ R ___	
Owner's Address <i>P.O. Box 507 West Linn OR</i>		Menu Type (See back of page) <i>1 ___ 2 ___ 3 <u>1</u> 4 ___ 5 ___</i>	
Person in Charge <i>Dan Madden</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Daniel Madden exp 12-2021</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>4/15</i>			<i>Complaint on mice inside. No mice wms seen. MRG does have pest control measures in place. Per mgr will contact ecotab for pest follow up.</i>	<i>To buy</i>

Received by (name and title printed): <i>DAN MADDEN</i>	Inspected by (name and title printed): <i>Dawn Snell FST</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: