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: B2B Restaurant	**Telephone Number** 765 Establishment / Owner 674-6011	**Date of Inspection** (mm/dd/yr): 7-21-23	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 300 E Main St Gas City			
Owner: Tim Crouch	**Purpose:** 1. Routine (circled)	**Follow-up**: No	**Release Date**: 10 days
Owner's Address: 118 E 5 G St Gas City	2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Summary of Violations:** C 1 NC — R 1	
Person in Charge: Tim			
Responsible Person's E-mail: —		**Menu Type** (See back of page): 1 2 3 X 4 5	
Certified Food Handler: Deb Kerr Exp 1-13-2025			

- 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
191	C		No Date Marking on several Items in coolers. Must be Date Marked and only good For 7 Days	Today

Received by (name and title printed): Tim Crouch
Received by (signature):

Inspected by (name and title printed): Scott McKendall
Inspected by (signature): Scott McKendall FSO

cc: | cc: | cc: