# 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**<br>Backwoods BBQ | **Telephone Number**<br>( ) Establishment 260-213-7632<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>8-5-21 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>~~14~~215 Pulver Road Fort Wayne, IN 46845 | **Purpose:**<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* | **Follow-up**<br>NO | **Release Date**<br>today |
| **Owner**<br>Jesse Wood | | **Summary of Violations:**<br>C__ NC__ R__ | |
| **Owner's Address**<br>Same | | | |
| **Person in Charge**<br>Jesse Wood | | **Menu Type** *(See back of page)*<br>1__ 2 X 3__ 4__ 5__ | |
| **Responsible Person's E-mail** | | | |
| **Certified Food Handler**<br>Monica Jepsen | ~~Van Buren~~ | | |

- 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 |
|---|---|---|---|---|
| | | | Temps in Cold Bar 48°F | |
| | | | Keep an eye on | |

Received ~~by~~ *(name and title printed)*: Jesse Wood

Received by *(signature)*: Jesse Wood

Inspected by *(name and title printed)*: Scott Kendall

Inspected by *(signature)*: Scott Kendall

cc:

cc:

cc: