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 Beers Confectionary	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-23-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 326 E. South Kitson Lane SYracuse, IN 46567			
Owner The Beer Family	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Ducktail	**Follow-up** —	**Release Date** —
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge The Beer Family			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Certified Food Handler Bobbi Beer			

- 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
			No Violations	

Received by (*name and title printed*): Bobbi Beer

Received by (*signature*): Bobbi Beer

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

Inspected by (*signature*): Scott McKenzie FS II

cc: | cc: | cc: