# 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>BEERS CONFECTIONARY | **Telephone Number**<br>( ) Establishment<br>574-529-5611<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>9-24-20 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>11404 N. Biscayne Lane Cromwell, IN 46732 | | | |
| **Owner**<br>Bobbi Beer | **Purpose:**<br>1. Routine | **Follow-up** | **Release Date** |
| **Owner's Address**<br>Same | 2. Follow-up<br>3. Complaint | **Summary of Violations:**<br>C ✓ NC ✓ R ✓ | |
| **Person in Charge**<br>Bobbi Beer | 4. Pre-Operational<br>5. Temporary | | |
| **Responsible Person's E-mail** | 6. HACCP<br>7. Other *(list)*<br>Ducktail | **Menu Type** *(See back of page)*<br>1 ___ 2 ___ 3 ✓ 4 ___ 5 ___ | |
| **Certified Food Handler**<br>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 |
|---|---|---|---|---|
| | | | OK to Sale | |

| | |
|---|---|
| Received by *(name and title printed)*: Lisa Beer | Inspected by *(name and title printed)*: [signature] FSD |
| Received by *(signature)*: [signature] | Inspected by *(signature)*: [signature] FSD |
| cc: | cc: |