



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 BENS SOFT PRETZELS	Telephone Number () Establishment 574-312-5170 () Owner	Date of Inspection (mm/dd/yr) 8-1-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 100 E. Berkshire Drive Shippshewana, IN 46565			
Owner Benjamin Miller	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Van Buren	Follow-up	Release Date
Owner's Address 6305 N. 1200 W. Middlebury, IN 46540		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Ben Miller		Menu Type (See back of page)	
Responsible Person's E-mail bensmobilepretzels@gmail.com		1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler Jerry Lehman			

- 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 OPEN	

Received by (name and title printed): Kinger Grace	Inspected by (name and title printed): K Dale Carr - FSD
Received by (signature): <i>Kinger Grace</i>	Inspected by (signature): <i>K Dale Carr - FSD</i>
cc:	cc: