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)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 100 E. Bershire Drive Shipshewona, IN 46565			
Owner Benjamin Miller	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address 6305 N. 1200 W. Middlebury, IN 46540	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Jerry Lehman - Ben Miller	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail bensmobilepretzels@gmail.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 ✓ 2 3 4 5	
Certified Food Handler Jerry Lehman	James Dean		

- 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
	N/C		Beard Guard Needed	

Received by (*name and title printed*): Leroy D. Miller	Inspected by (*name and title printed*): Hans Huber
Received by (*signature*): Leroy D. Miller	Inspected by (*signature*): Hans Huber

cc:	cc:	cc: