GRANT COUNTY HEALTH DEPARTMENT
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

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 BEN'S SOFT PRETZELS	**Telephone Number** ( ) Establishment 514-312-5170 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-6-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 100 E. Bershire Dr. Shipshewna, IN 46565			
Owner Benjamin Miller	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 6305 N. 1200 W. Middlebury, IN 46548	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Benjamin Miller	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail bensmobilepretzels@gmail.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler Benjamin Miller	~~Van Buren~~	1___ 2___ 3___ 4___ 5___	

- 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 on this Inspection	

Received by (*name and title printed*): Ginger Grace

Received by (*signature*): Ginger Grace

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

Inspected by (*signature*): Scott Kirkendall FSO

cc: Ginger Grace | cc: | cc: