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 Ben's Soft Pretzels	**Telephone Number** (260) Establishment 768-4939 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-5-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 100 E. Brookshire Drive Shipshewana, IN 46565			
Owner Benjamin Miller	**Purpose:** 1. Routine	**Follow-up** —	**Release Date** ✓
Owner's Address 6375 N. 1200 W. Middlebury, IN 46540	2. Follow-up 3. Complaint	**Summary of Violations:** — — —	
Person in Charge Benjamin Miler	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Benjamin Miller	7. Other (*list*) ~~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
			OK to Spin	

Received by (*name and title printed*): Ginger Grace	Inspected by (*name and title printed*): Dean Snyder FSI
Received by (*signature*): Ginger Grace	Inspected by (*signature*): Dean Snyder FSI
cc:	cc:
	cc: