



**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 BILLY JACKS			Telephone Number () Establishment 765-201-5413 () Owner	Date of Inspection (mm/dd/yr) 9/6/19	ID #
Establishment Address (number and street, city, state, ZIP code) 8643 W. 700 N. Delphi, IN 46923			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Matthews</i> Donnie's Flea Market	Follow-up	Release Date
Owner William Nace				Summary of Violations: C ___ NC ___ R ___	
Owner's Address Same				Menu Type (See back of page)	
Person in Charge William Nace				1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
Responsible Person's E-mail hclennace@yahoo.com					
Certified Food Handler Helen Nace					
<ul style="list-style-type: none"> • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" <i>uptown</i> • 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	
	NC		Employee preparing food without hand guard	TOBA P	
Received by (name and title printed): <i>x William Nace</i>			Inspected by (name and title printed): <i>Bob Carr - FSD</i>		
Received by (signature): <i>x</i>			Inspected by (signature): <i>Bob Carr - FSD</i>		
cc:		cc:		cc:	