RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

BRIDGE

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 Birds' Smokehouse BBQ	**Telephone Number** ( ) Establishment 765-378-1900 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9/6/19	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 9008 S. Walnut Street Daleville, IN 47334			
Owner Linda Strange	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. ~~HACCP~~ 7. Other (*list*) ~~Matthews~~ BRIDGE	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Linda Strange			
Responsible Person's E-mail		**Menu Type** (*See back of page*) 1____ 2____ 3 X 4____ 5____	
Certified Food Handler Reba Strange 12/6/2021			

• 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 AT THIS Inspection	

Received by (*name and title printed*): X Reba L Strange	Inspected by (*name and title printed*): [signature] - FSIO
Received by (*signature*): X [signature]	Inspected by (*signature*): [signature] - FSIO
cc:	cc:	cc: