



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.

Form header with fields: Establishment Name (Bob's Bar), Telephone Number (765-837-7251), Date of Inspection (7-22-19), ID # (27), Establishment Address (1122 S McClure St. Marion), Owner (Larry D Case), Purpose (1. Routine), Follow-up (No), Release Date (8-01-19), Owner's Address (903 Lafayette St - Marion), Person in Charge (Larry D. Case), Responsible Person's E-mail (N/A), Certified Food Handler (Larry D. Case).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: 'No Violations at this inspection'.

Form footer with fields: Received by (name and title printed): Larry D Case; Inspected by (name and title printed): Ryan - FSD; Received by (signature): Larry D Case; Inspected by (signature): Ryan - FSD; cc: fields.