



**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 Brooks Upper Crust		Telephone Number 765 664 4444	Date of Inspection (mm/dd/yr) 1-24-19	ID # 27	
Establishment Address (number and street, city, state, ZIP code) 1197 N Washington St, Marion		() Owner			
Owner JEFF / STACY BROOKS		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) OK to open	Follow-up NO	Release Date 10 days	
Owner's Address 5260 E 350N MARION, IN 46952			Summary of Violations: C - NC - R -		
Person in Charge JEFF BROOKS			Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail N/A					
Certified Food Handler JEFF BROOKS					

- 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 open	

*Can 24, 19
JM*

Received by (name and title printed): JEFF BROOKS	Inspected by (name and title printed): Dorian Small FSP
Received by (signature): <i>Jeff Brooks</i>	Inspected by (signature): <i>Dorian Small FSP</i>
cc:	cc: