



**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 <u>Buffalo Bill's Drinks</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>9/10/2021</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code)		Follow-up	Release Date
Owner <u>Mark Winke</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Matthews</u>	Summary of Violations: <u>C NC R</u>	
Owner's Address <u>SAME</u>		Menu Type (See back of page)	
Person in Charge <u>Mark Winke</u>		1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail <u>N/A</u>			
Certified Food Handler <u>N/A</u>			

- 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
	C		Missing Backflow preventer, Corrected onsite	

Received by (name and title printed): <u>Mark Winke</u>	Inspected by (name and title printed): <u>Kyle Kellogg</u>
Received by (signature): 	Inspected by (signature):
cc:	cc: