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 CMS	**Telephone Number** ( ) Establishment 985-285-7011 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 8-28-18	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 806 South D Street Elwood, IN 46036			
Owner Tony Cummings	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ~~Jonesboro~~	**Follow-up** —	**Release Date** —
Owner's Address Same		**Summary of Violations:** C— NC— R—	
Person in Charge Tony Cummings			
Responsible Person's E-mail cmsfestivialfoods@att.net		**Menu Type** (*See back of page*) 1___ 2___ 3___ 4___ 5___	
Certified Food Handler Collin Horton			

• 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
138	NC		Employee Needs hair & beard restraint	
			OK to open	

Received by (*name and title printed*): Tony Cummings	Inspected by (*name and title printed*): Dean Sanford FSO
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] FSO

cc:	cc:	cc: