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)* 9/22/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1515 N. A street Elwood, IN 46036			
Owner Tony Cumings	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* TBO ~~Van Buren~~	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tony Cumings			
Responsible Person's E-mail cmsfestivialfoods@att.net		**Menu Type** *(See back of page)* 1___2___3_X_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
	NC		Preparing food without a Beard guard	
	C		chicken 130° in warmer under tent not maintained 135°F.	
	C		Quat tested @ 0 ppm not manufactured requirement	

Received by (*name and title printed*): X Tony Cumings

Received by (*signature*): X

Inspected by (*name and title printed*): R Dale Carr / Hans Thuler

Inspected by (*signature*): R Dale Carr / Hans Thuler

cc: | cc: | cc: