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 Campfields Kettle Corn	**Telephone Number** ( ) Establishment 765-620-1384	**Date of Inspection** *(mm/dd/yr)* 9/28/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2370 W. 25th Street ANderson, IN 46016	( ) Owner		
Owner Judy Campfield	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Judy Campfield	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler	7. Other *(list)* ~~James Dean~~	1 X 2 3 4 5	

- 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
			No Violations at current inspection	

Received by *(name and title printed)*: Williams P. Campfield	Inspected by *(name and title printed)*: Hans Huber
Received by *(signature)*:	Inspected by *(signature)*: Hans Huber
cc:	cc:
cc:	