



**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.

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|--|--|--|--------------------------------|
| Establishment Name Cast Iron Grill | Telephone Number (765) Establishment (765) Establishment | Date of Inspection (mm/dd/yr) 9-25-20 | ID # 27 |
| Establishment Address (number and street, city, state, ZIP code) 7515 E Washington St Indianapolis | (465) Owner (465)-0271 | | |
| Owner Ashley Rowsey | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 10 days |
| Owner's Address same | | Summary of Violations: C NC R | |
| Person in Charge Ashley Rowsey | | Menu Type (See back of page) 1 2 X 3 4 5 | |
| Responsible Person's E-mail | | | |
| Certified Food Handler Ashley Rowsey | | | |

- 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 |
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| | | | no violations on this inspection | |
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| Received by (name and title printed): Ashley Rowsey | Inspected by (name and title printed): Scott Kendall |
| Received by (signature): Ashley Rowsey | Inspected by (signature): Scott Kendall FSO |
| cc: | cc: |