



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.

Form with fields: Establishment Name (Chappy's Drive Thru Con), Telephone Number (765 621 9400), Date of Inspection (1-9-2020), ID # (27), Owner (Robin Chapman), Purpose (Routine), Follow-up (NU), Release Date (1-19-2020), Person in Charge (Lari A Roberson), Certified Food Handler (Blake Chapman exp 11/28/23), Summary of Violations (C NC R), Menu Type (1 2 X 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: 'No Violations AT THIS Inspection.'

Received by (name and title printed): Lari A Roberson; Inspected by (name and title printed): R Dale Gun FSD; Received by (signature); Inspected by (signature); cc: fields.