



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

uptown

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 (Coffman Concessions- Red Barn), Telephone Number (260-225-2616), Date of Inspection (9-16-19), ID # (27), Owner (Sam Coffman), Purpose (1. Routine), Follow-up, Release Date, Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4 ___ 5 ___), Certified Food Handler (NA).

- 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 entry: Hairnet/beard guarded with facial hair and OK to Sell.

Received by (name and title printed): Andrew Coffman
Received by (signature): [Signature]
Inspected by (name and title printed):
Inspected by (signature): [Signature]

cc: [Blank]