RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

upstairs

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 Coffman Concessions / Red Barn	**Telephone Number** (765-981-4615) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-11-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 7385 South Old 15, Wabash, IN 46992			
Owner Sam & Peggy Coffman	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Matthews	**Follow-up** No	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C___ NC___ R___	
Person in Charge Sam & Peggy Coffman		**Menu Type** *(See back of page)* 1___ 2 X 3___ 4___ 5___	
Responsible Person's E-mail redbarnears@gmail.com			
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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations on this inspection	

Received by (*name and title printed*): Andrew Coffman

Received by (*signature*): Andrew Coffman

Inspected by (*name and title printed*): Scott Kirkendall

Inspected by (*signature*): Scott Kirkendall EHS

cc:

cc:

cc: