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 Cracklin Shack	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 5-17-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 5058 S. 800 W Swayzee			
Owner Donna Tory	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Sims IN	2. Follow-up	**Summary of Violations:**	
Person in Charge Donna	3. Complaint	C — NC — R —	
Responsible Person's E-mail —	4. Pre-Operational		
Certified Food Handler —	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1 X 2 3 4 5	
	7. Other (*list*)		

- 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 —	

Received by (*name and title printed*): Donna Toff	Inspected by (*name and title printed*): Dean Smith FSIO
Received by (*signature*): Donna Tory	Inspected by (*signature*): [signature] FSIO
cc:	cc:	cc: