



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 (D R Foods The Chicken Inn), Telephone Number, Date of Inspection (9/24/21), ID # (257), Establishment Address (3747 S. 200 W, Shelbyville, IN 46176), Owner (Dave & Rosalie Hardin), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) James Dean), Person in Charge (Dave & Rosalie), Responsible Person's E-mail, Certified Food Handler (Dave Hardin), Follow-up (N/A), Release Date (N/A), Summary of Violations (C 1 NC R), Menu Type (See back of page) (1 2 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. Row 1: C, Fish + 41°F, immediate correction, [Signature]

Received by (name and title printed): DAVID L. HARDIN; Inspected by (name and title printed): Kyle Kellough; Received by (signature): David L Hardin; Inspected by (signature): [Signature]; cc: [Blank]