



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 (DR ROBERT H. FAULKNER), Telephone Number (765 662 9910), Date of Inspection (01-23-19), ID # (27), Establishment Address (1111 W 2ND ST. MARION), Owner (ST. PAUL BAPTIST CHURCH), Owner's Address (1204 W 14th St. MARION), Person in Charge (Jimmy Henry), Responsible Person's E-mail (N/A), Certified Food Handler (Jimmy Henry 03/07/16), Purpose (1. Routine), Follow-up (NO), Release Date (02-02-19), Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4X 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. Narrative contains handwritten text: 'No Violations AT THIS INSPECTION' and a signature 'Jan 24, 19 WJW' circled.

Form with fields: Received by (name and title printed): Jimmy L. Henry; Inspected by (name and title printed): R Dale Carr - F950; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]