



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 (DRAKE BBQ), Telephone Number (765-660-1343), Date of Inspection (8-2-19), ID # (27), Owner (Arthur Drake), Purpose (1. Routine), Follow-up (10 days), Summary of Violations (C \_\_\_ NC \_\_\_ R \_\_\_), Menu Type (1 \_\_\_ 2 \_\_\_ 3 X 4 \_\_\_ 5 \_\_\_), Certified Food Handler (Arthur Drake).

- 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: 110, C, [ ], TO photo a copy send to GCHD of managers CERT HANDLER, BEFORE next event. Large handwritten note: OK to sell.

Received by (name and title printed): Arthur Drake
Received by (signature): [Signature]
Inspected by (name and title printed): [Name] FSD
Inspected by (signature): [Signature] FSD
cc: [ ]