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 Egberts 2	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/11/20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1109 Royal Oak Dr 04			
Owner Dan	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* Matthews	**Follow-up** / **Release Date**	
Owner's Address Same		**Summary of Violations:** ~~C~~ ~~NC~~ ~~R~~	
Person in Charge			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 2 ✓ 3 4 5	
Certified Food Handler Lindsey Brown			

- 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 at this Time	

Received by (*name and title printed*):	Inspected by (*name and title printed*): Kyle Kellers
Received by (*signature*): Dan Egbert	Inspected by (*signature*):
cc:	cc:
	cc: