



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 (Eagle Food Service), Telephone Number (765-461-7955), Date of Inspection (9/28/18), ID #, Establishment Address (2059 S. County Rd. 50 E. Connersville, IN 47331), Owner (Art Carroll), Purpose (1. Routine), Follow-up/Release Date, Owner's Address (Same), Person in Charge (Same), Responsible Person's E-mail (Efsfood@hotmail.com), Certified Food Handler (Kimberly Carroll), Jonesboro

- 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 time'

Received by (name and title printed): Art Carroll II; Inspected by (name and title printed): Kyle Kellogg; Received by (signature); Inspected by (signature); cc: fields