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 EAGLE FOOD SERVICE	**Telephone Number** ( ) Establishment 765-461-7955 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-25-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2059 S. County Road 50 Converse, TN 47331			
Owner Art Carroll	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same	2. Follow-up	**Summary of Violations:**	
Person in Charge Same	3. Complaint 4. Pre-Operational	C___ NC___ R___	
Responsible Person's E-mail	5. Temporary 6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Kim Carroll	7. Other (*list*) ~~River Rally~~	1 X 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"**

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations on this inspection	

Received by (*name and title printed*): Art Carroll owner	Inspected by (*name and title printed*): Scott Lewallen
Received by (*signature*): Art Carroll	Inspected by (*signature*): Scott Lewallen FSO
cc:	cc: cc: