# 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**<br>Eagle Food Service | **Telephone Number**<br>( ) Establishment<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>9-24-24 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>2059 S. County Line Road Connersville, IN 47331 | | | |
| **Owner**<br>Art Carroll | **Purpose:**<br>1. Routine | **Follow-up** ✓ | **Release Date** ✓ |
| **Owner's Address**<br>Same | 2. Follow-up<br>3. Complaint | **Summary of Violations:**<br>C___ NC___ R___ | |
| **Person in Charge**<br>Art Carroll | 4. Pre-Operational<br>5. Temporary | | |
| **Responsible Person's E-mail** | 6. HACCP<br>7. Other *(list)* River Rally | **Menu Type** *(See back of page)*<br>1___ 2 X 3___ 4___ 5___ | |
| **Certified Food Handler**<br>Kim Carroll | | | |

- **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 |
|---|---|---|---|---|
| | | | OK to Split | |

| | |
|---|---|
| Received by *(name and title printed)*: Art Carroll | Inspected by *(name and title printed)*: Dean Snyder |
| Received by *(signature)*: Art Carroll | Inspected by *(signature)*: Dean Snyder FSS |
| cc: | cc: |
| | cc: |