



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

BRIDGE

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 (FAT JOHNS/SUGARBAKERS), Telephone Number, Date of Inspection (9/6/19), ID # (27), Establishment Address (@!) N. Adams Street Knightstown, IN 46148, Owner (John Wable/ Cheryl Hammer), Purpose (7. Other (list) BRIDGE Matthews), Follow-up (NO), Summary of Violations (C 1 NC R), Menu Type (1 2 3 4 5), Certified Food Handler (Cheryl Hammer).

• 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: C, Sautzer when checked w 0 ppm, CORRECTED

Received by (name and title printed): Cheryl Hammer owner; Inspected by (name and title printed): R. Gabelman - F910; Received by (signature); Inspected by (signature); cc: fields.