



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 fields including Establishment Name (Fat Johns # 1), Telephone Number (317-485-5020), Date of Inspection (9-23-21), ID # (27), Owner (Cheryl Hammer), Purpose (1. Routine), Follow-up, Release Date, Summary of Violations (C NC R), Menu Type (1 2 X 3 4 5), and Certified Food Handler (Cheryl Hammer Exp 6-2024).

- 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/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: No Violations

Signature fields: Received by (Cheryl Hammer), Inspected by (Scott Kilkendeck), Received by (signature), Inspected by (signature), cc: