



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

Uptown

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 (Fellows homemade Shake up), Telephone Number, Date of Inspection (9-11-20), ID # (27), Establishment Address (5231 E CR 600 South Muncie), Owner (Ralph Felton), Purpose (7. Other (list) Matthews), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 X 2 3 4 5), Certified Food Handler (N/A).

- 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 on this inspection'.

Received by (name and title printed): Maura O'Brien; Inspected by (name and title printed): Scott Likendall; Received by (signature); Inspected by (signature): Scott Likendall; cc: fields.