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: Folkies Tavern	**Telephone Number**: 765 (Establishment) ( ) (Owner) 668-8248	**Date of Inspection** (*mm/dd/yr*): 11-10-21	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1175 Branson St Marion			
Owner: Steve Schrader	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 010 Kokomo Rd		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Steve			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Shane Lanbach			

- 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	
		*	Need Certified Food Handler Certificate Hung with Licenses	

Received by (*name and title printed*): STEVE SCHRADER

Received by (*signature*): Steve S

Inspected by (*name and title printed*): Scott Kikendall

Inspected by (*signature*): Scott Kikendall FS IO

cc: | cc: | cc: