



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: (668) 8420, Date of Inspection: 12-3-19, ID #: 27, Owner: Steve Schrader, Purpose: Routine, Follow-up: NO, Release Date: 10 days, Person in Charge: Cherie Calobrace, Certified Food Handler: SHANE

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 191, C, The following food items in cooler with 'MADE ON' dates listed: BBQ 11-17-19, SLAW 11-25-19, USE by Cottage Cheese 12-1-19, Removed

Received by (name and title printed): CHERIE CALDBRACE, Inspected by (name and title printed): Dean Small FSTD, Received by (signature): Cherie Calobrace, Inspected by (signature): Dean Small FSTD