# 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 / 668-8248 Owner | **Date of Inspection** (mm/dd/yr) 6-30-21 | **ID #** 27 |
| **Establishment Address** (number and street, city, state, ZIP code) 117 S. 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** Old Kokomo Rd | | **Summary of Violations:** C— NC— R— | |
| **Person in Charge** Cherie | | | |
| **Responsible Person's E-mail** N/A | | **Menu Type** (See back of page) 1 2 3 4 5 | |
| **Certified Food Handler** Shane Laubach | | | |

- 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 on this inspection | |

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|---|---|
| Received by (name and title printed): CHERIE CALDBRACE | Inspected by (name and title printed): Scott Kilendall / Dean Small |
| Received by (signature): Cherie Caldbrace | Inspected by (signature): Scott Kilendall FSIO / Dean Small FSIO |
| cc: | cc: / cc: |