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 GFC (DBA BIGHORN BEEF)	**Telephone Number** ( ) Establishment 812-528-4350 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9-25-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1305 N. 900 W. Seymour, IN 47274			
Owner Steven Greshman	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Steven Gresham	4. Pre-Operational 5. Temporary	C 2 NC — R 5	
Responsible Person's E-mail	~~6. HACCP~~ 7. Other *(list)* ~~Jonesboro~~	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Steven Gresham			

- 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
			OK to Smoke	

Received by (*name and title printed*): Steven L. Gresham

Received by (*signature*):

Inspected by (*name and title printed*): Dean Small - FSS

Inspected by (*signature*): Dean Small FSS

cc: | cc: | cc: