# 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**<br>Georgienos Itialan BBQ | **Telephone Number**<br>( ) Establishment<br>574-216-0740<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>9-11-20 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>4627 E. State Rd. 14 Rochester, IN 46975 | | | |
| **Owner**<br>Anne Pfeiffer | **Purpose:**<br>1. Routine<br>~~2. Follow-up~~<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)*<br>~~Matthews~~ | **Follow-up**<br>NO | **Release Date**<br>10 days |
| **Owner's Address**<br>Same | | **Summary of Violations:**<br>C___ NC___ R___ | |
| **Person in Charge**<br>Anne Pfeiffer | | | |
| **Responsible Person's E-mail**<br>Simplemanisa1184@yahoo.com | | **Menu Type** *(See back of page)*<br>1___ 2X 3___ 4___ 5___ | |
| **Certified Food Handler**<br>Anne Pfeiffer | | | |

- 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 | |

| | |
|---|---|
| Received by (*name and title printed*):<br>Anne Pfeiffer | Inspected by (*name and title printed*):<br>Scott Kilcrease/ |
| Received by (*signature*):<br>Anne Pfeiffer | Inspected by (*signature*):<br>Scott Kilcrease/FSO |

| | | |
|---|---|---|
| cc: | cc: | cc: |