



# 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 <b>Georgiemo's Italian BBO</b>		Telephone Number (574) Establishment: 716-0740 ( ) Owner:	Date of Inspection (mm/dd/yr) <b>8-21-21</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1418 East Olson Road Rochester, IN 46975</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Sweetser Sesq</i>	Follow-up	Release Date
Owner <b>Anne Pfeiffer</b>	Summary of Violations: <b>C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/></b>			
Owner's Address <b>Same</b>	Menu Type (See back of page) <b>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/></b>			
Person in Charge <b>Anne Pfeiffer</b>	Responsible Person's E-mail <b>Simplemanisall@yahoo.com</b>	Certified Food Handler <b>Anne Pfeiffer</b>		

- 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
			<b>OK</b> <b>to sell</b>	

Received by (name and title printed): <b>Anne Pfeiffer</b>		Inspected by (name and title printed): <b>Debra Swadlow</b>	
Received by (signature): <i>Anne Pfeiffer</i>		Inspected by (signature): <i>Debra Swadlow</i>	
cc:	cc:	cc:	cc: