



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: GO N NUTS, Telephone Number: 616-243-4391, Date of Inspection: 9-27-19, ID #: 27, Owner: Bruce & Carla Coe, Address: 2346 Holliday Dr. SW Wyoming, MI 49519-4241, Purpose: HACCP, Inspected by: James Dean

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'OK to JAH' in the Narrative column.

Received by (name and title printed): Brock Coe, Inspected by (name and title printed): Dean Smith FSO, Received by (signature): [Signature], Inspected by (signature): [Signature]

cc: [Blank]



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Establishment Name: Gain Nutz; Telephone Number: () Establishment; Date of Inspection: 9/27/19; ID #: 27; Establishment Address: 3400 Westover St. Peru, IN 46994; Owner: Melissa Brazzel; Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list); Summary of Violations: C___ NC___ R___; Menu Type (See back of page): 1___ 2___ 3___ 4___ 5___

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Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: C, No santi-strips

Received by (name and title printed): Melissa Brazzel; Inspected by (name and title printed): Kyle Kellogg; Received by (signature): M. S. S. Brazzel; Inspected by (signature): Kyle Kellogg; cc: [blank]