



012-593-9640

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2019-443

# 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 <i>Grateful Grob Sausage</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>9-26-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>412 S Madison North Vernon</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 Day</i>
Owner <i>Scott Roth</i>	Summary of Violations:  C ___ NC ___ R ___	Menu Type (See back of page) <i>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___</i>	
Owner's Address <i>SAME</i>			
Person in Charge <i>Scott</i>			
Responsible Person's E-mail			
Certified Food Handler <i>Stephanie Roth 10/2022</i>			

• 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
			<i>-All items to include dishes must be cleaned.</i>	<i>Today</i>
			<i>Heat or temp must be 135° or above on heat holding</i>	<i>OK to serve</i>

Received by (name and title printed): <i>Scott Roth</i>	Inspected by (name and title printed): <i>Debra Sneed FSP</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: