



# 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>J &amp; K Sweet Shop</b>			Telephone Number (812) 236-4859	Date of Inspection (mm/dd/yr) <b>8-5-21</b>	ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>104 W. Collins St. Brazil, IN 47834</b>			( ) Owner			
Owner <b>Kelley Watson &amp; Kim Quilliam</b>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>Van Buren</b>	Follow-up <input checked="" type="checkbox"/>	Release Date _____	
Owner's Address <b>Same</b>				Summary of Violations: <b>C ___ NC ___ R ___</b>		
Person in Charge <b>Kelley &amp; Kim</b>				Menu Type (See back of page) <b>1</b> 2 3 4 5		
Responsible Person's E-mail						
Certified Food Handler <b>NA</b>						
<ul style="list-style-type: none"> <li>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</li> <li>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</li> </ul>						
Section#	C/NC	R	Narrative	To Be Corrected By		
<b>OK to sell</b>						
Received by (name and title printed): <b>Kimberly Quilliam</b>			Inspected by (name and title printed): <b>Dawn Smith</b>			
Received by (signature): <b>Kimberly Quilliam</b>			Inspected by (signature): <b>Dawn Smith</b>			
cc:		cc:		cc:		