



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.

Form with fields: Establishment Name (Jackies Family Restaurant), Telephone Number (965 Establishment, 614-7509), Date of Inspection (1-7-21), ID # (27), Establishment Address (105 N. Housersburg Ave - Gre City), Owner (Jackie Doyle), Owner's Address (100 A), Person in Charge (Jackie), Responsible Person's E-mail, Certified Food Handler (Sheri Galbreath exp 2023), Purpose (1. Routine), Follow-up (NU), Release Date (20 days), Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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. Row 1: 191, C, (blank), Following food items in cooler/fridge and out dated: 1) Meatloaf 12-29-20, 2) Cottage Cheese 12-26-20, 3) Snow 12-17-20. To Be Corrected By: removed.

Received by (name and title printed): Jackie Doyle, Inspected by (name and title printed): Dean Smith RST, Received by (signature): Jackie Doyle, Inspected by (signature): Dean Smith RST, cc: (blank)