



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 (Jackie's Family Restaurant), Telephone Number (705 Establishment), Date of Inspection (7-9-21), ID # (27), Establishment Address (105 N Harrisburg Ave Gas City), Owner (Jackie Ingle), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 X 4 5), Certified Food Handler (Steen Galbreath Exp 5-2008)

- 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/N/C, R, Narrative, To Be Corrected By. Narrative contains 'No Violations'.

Received by (name and title printed): Jackie Ingle; Inspected by (name and title printed): Scott Kendall; Received by (signature): Jackie Ingle; Inspected by (signature): Scott Kendall