



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 (Jessops Elephant Ears), Telephone Number (765-478-5797), Date of Inspection (9-27-19), ID # (27), Owner (Pam Jessop), Purpose (1. Routine), Follow-up ( ), Release Date ( ), Summary of Violations (C \_\_\_ NC \_\_\_ R \_\_\_), Menu Type (1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_), Certified Food Handler (Pam Jessop).

- 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 'OK to S/A/E' in the Narrative column.

Signature lines: Received by (name and title printed): Pam Jessop; Inspected by (name and title printed): Dawn Smith Pety; Received by (signature): Pam Jessop; Inspected by (signature): Dawn Smith Pety.