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: Jimmy Johns	**Telephone Number**: (765) Establishment ( ) Owner 673-0460	**Date of Inspection** (mm/dd/yr): 4-30-21	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 1610 W Kem RD MARION			
Owner: Matt Koontz	**Purpose**: 1. Routine; ~~2. Follow-up~~; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 2035 Deer Trail WARSAW		**Summary of Violations**: C 1 NC 1 R —	
Person in Charge: Jesse			
Responsible Person's E-mail: —		**Menu Type** (See back of page): 1 2 X 3 4 5	
Certified Food Handler: Jesse Burmmster Exp 11-2022			

- 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
345	C		A bottle of Windex and bleach hanging on side of hand SINK IN prep area ; No toxic chemicals on hand SINK	Corrected
431	NC		The Floor IN walk IN Freezer has ice covering the Floor to include ice hanging From vent IN ceiling	Today

Received by (name and title printed): Jesse Burmaster

Received by (signature): Jesse Burmaster

Inspected by (name and title printed): Scott Kilendall

Inspected by (signature): Scott Kilendall FS10

cc: | cc: | cc: