



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

BRIDGE

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 (Jones Fudge Company), Telephone Number (763-760-4345), Date of Inspection (9/7/19), ID # (27), Owner (David & Kay Jones), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Matthews), 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: NC, labeling of allergens to ingredients on fudge products.

Received by (name and title printed): DAVID W. JONES WORKER; Inspected by (name and title printed): Kyle Kellogg; Received by (signature): David W. Jones; Inspected by (signature): Kyle Kellogg.