



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

@Campground

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 (Low & Show BBQ), Telephone Number (260-602-9444), Date of Inspection (9/28/19), ID # (27), Establishment Address (1021 Cherry Blossom Lane Fort Wayne, IN), Owner (David Hart), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) James Dean), Follow-up, Release Date, Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 ___ 4 ___ 5 ___), Person in Charge (David Hart), Responsible Person's E-mail, Certified Food Handler (Michael Bechter).

- 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. Handwritten text in Narrative: 'No Violations At current inspection'

Received by (name and title printed): [Signature] Inspected by (name and title printed): Hans Huber
Received by (signature): [Signature] Inspected by (signature): Hans Huber

cc: [] cc: [] cc: []