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 Matthews	**Telephone Number** (76) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-10-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*)			
Owner Matthews Masonic Lodge	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address P.O. Box 66	2. Follow-up	**Summary of Violations:**	
Person in Charge John Verne	3. Complaint	C ✓ NC ___ R ___	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** (*See back of page*)	
Certified Food Handler N/A	6. HACCP	1 ___ 2 X 3 ___ 4 ___ 5 ___	
	7. Other (*list*) ___		

• 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
399	NC		Inside trailer Paint Needs scraped & repainted	Next Season

Received by (*name and title printed*): JOHN VERNE	Inspected by (*name and title printed*): Dean Snall - FSIO
Received by (*signature*): [signature]	Inspected by (*signature*): [signature] - FSIO

cc:	cc:	cc: