



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 (McHyser BBQ), Telephone Number (260-229-0043), Date of Inspection (9-27-19), ID # (27), Establishment Address (1070 West 200 North Columbia City, IN 46725), Owner (Carolyn & Jeff McCormick), Purpose (1. Routine), Follow-up (), Release Date (), Summary of Violations (C, NC, R), Menu Type (), Person in Charge (Carolyn & Jeff McCormick), Responsible Person's E-mail, Certified Food Handler (Carolyn McCormick).

- 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: Narrative: Hat or hairnet needed if preparing or cooking.

Received by (name and title printed): Jeff McCormick; Inspected by (name and title printed): [Signature] PST; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: []