



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 (Miss Piggy's #1 Uptown), Telephone Number (812-445-3400), Date of Inspection (9/22/19), ID # (27), Owner (Bryan Gresham), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list)), Follow-up, Release Date, Summary of Violations (C __ NC __ R __), Menu Type (See back of page), Responsible Person's E-mail (bgmisspiggy@gmail.com), Certified Food Handler (Bryan Gresham).

- 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: C, Sanitizer not AT 100 ppm per manufactures, Corrected.

Received by (name and title printed): X Bryan Gresham, Inspected by (name and title printed): [Signature] FSD, Received by (signature): [Signature], Inspected by (signature): [Signature] FSD, cc:



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Establishment Name: Miss Piggy #2 Uptown; Telephone Number: 812-445-3400; Date of Inspection: 9/27/19; ID #: 27; Owner: Bryan Greshman; Address: 1500 N. Co. RD. 900 W. Seymour, IN 47274; Purpose: Fairmount; Summary of Violations: C NC R; Menu Type: 1 X 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. Contains handwritten text: '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): [Signature]

cc: [Blank]



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Form with fields: Establishment Name (Miss Piggy #3), Telephone Number (8120445-3400), Date of Inspection (9/20/18), ID # (27), Establishment Address (1505 N. CO. RD. 900 W. Seymour, IN 47274), Owner (Bryan Gresham), Purpose (7. Other (list) Fairmount), Follow-up, Release Date, Summary of Violations (C ___ NC ___ R ___), Menu Type (1 ___ 2 ___ 3 X 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. Handwritten text in Narrative: No Violations at this inspection.

Received by (name and title printed): Tina Gresham; Inspected by (name and title printed): Dale Can - FSID / Hans Huber; Received by (signature): Tina Gresham; Inspected by (signature): Dale Can FSID / Hans Huber; cc: fields.