



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 (Gas City Moose # 1778), Telephone Number (765-674-7011), Date of Inspection (5-12-21), ID # (27), Owner (Members), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Vickie), Certified Food Handler (N/A).

- 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/N/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at this inspection'.

Received by (name and title printed): Vickie Haisley; Inspected by (name and title printed): Sean Smith / Scott K...; Received by (signature): Vickie Haisley; Inspected by (signature): Sean Smith / Scott K...