



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

BRIDGE

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 (MORE POPPIN), Telephone Number (765-985-2014), Date of Inspection (9/7/19), ID # (27), Establishment Address (5113 n. Mexico Road Peru, IN 46970), Owner (Charm Pigg & Jeff Pigg), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Matthews), Follow-up, Release Date, Summary of Violations (C___ NC___ R___), Menu Type (1 X 2 3 4 5), Person in Charge (Charm Pigg), Responsible Person's E-mail (NA), Certified Food Handler (NA).

- 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): [Signature]
Inspected by (name and title printed): R. Carn - FSDO
Received by (signature): [Signature]
Inspected by (signature): [Signature]
cc: [] cc: [] cc: []