



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

copy

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 Old World Fudge		Telephone Number (260) Establishment 609-1210	Date of Inspection (mm/dd/yr) 9/7/19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 120 N. Main Street Columbia City, IN 46725		() Owner		
Owner Cris Lamb	Purpose:	Follow-up	Release Date	
Owner's Address 1657 N. State Road 109 Columbia City, IN 46725	1. Routine	Summary of Violations: C ___ NC ___ R ___		
Person in Charge Cris Lamb	2. Follow-up			
Responsible Person's E-mail Cris Lamb@yahoo.com	3. Complaint	Menu Type (See back of page)		
Certified Food Handler NA	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___		
	5. Temporary			
	6. HACCP			
	7. Other (list) <i>Matthews</i> <i>BRIDGE</i>			

- 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
			no violations at this inspection	

Received by (name and title printed): <i>Cris Lamb</i>	Inspected by (name and title printed): <i>Matthews - FSD</i>
Received by (signature): <i>Cris S Lamb</i>	Inspected by (signature): <i>Matthews - FSD</i>
cc:	cc: