



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.

Establishment Name Old World Fudge	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) 9-10-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 120 N. Main Street Columbia City, IN 46725		Follow-up 10 days	Release Date
Owner Chris Lamb	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Matthews	Summary of Violations: C / NC R	
Owner's Address 1657 N. St. Road 109 Columbia City, IN 46725		Menu Type (See back of page) 1 2 3 4 5	
Person in Charge Chris Lamb			
Responsible Person's E-mail			
Certified Food Handler			

- 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
345	C		Hand sink blocked w/ paper towel - Hand sink must work so people can wash hands.	

Received by (name and title printed): CONNIE SCHENK	Inspected by (name and title printed): Dan Smith BSc
Received by (signature): <i>Connie Schenk</i>	Inspected by (signature): <i>Dan Smith</i>
cc:	cc: