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: Palace Bar	Telephone Number: (765) Establishment; (948) Owner 9102	Date of Inspection (mm/dd/yr): 11-17-21	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 121 S. Main St Fairmont			
Owner: Bob & Deb Voorhis	Purpose: 1. Routine (circled)	Follow-up: No	Release Date: 10 days
Owner's Address: 229 E 1st St.	2. Follow-up	Summary of Violations: C 1 NC — R —	
Person in Charge: Bob	3. Complaint		
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler: N/W	5. Temporary	Menu Type (See back of page): 1 ___ 2 ✓ 3 ___ 4 ___ 5 ___	
	6. HACCP		
	7. Other (list) ___		

• 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
295	NC		The interior of ice machine to include under plastic flap has a dark residue on it.	

Received by (name and title printed): Bob Voorhis President	Inspected by (name and title printed): Scott Kendall / [signature]
Received by (signature): Robert C Voorhis	Inspected by (signature): Scott Kendall / [signature]
cc:	cc: / cc: