



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 (Pappie's Lunch Box), Telephone Number, Date of Inspection (10/05/2019), ID # (27), Establishment Address (1321 S Washington, Marion, 46953), Owner (AJ SIMON S), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other), Follow-up/Release Date, Summary of Violations (C __ NC __ R __), Menu Type (1 __ 2 __ 3 __ 4 __ 5 __), Person in Charge (SAME), Responsible Person's E-mail (Pappies Lunch Box@gmail.com), Certified Food Handler (Joel SIMON S).

- 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. Row 1: C, Utensils not facing one direction.

Received by (name and title printed): [Signature] Inspected by (name and title printed): Kyle Kellogg
Received by (signature): Andrew S Simons Inspected by (signature): [Signature]
cc: [] cc: [] cc: []