



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: Pappies Smokehouse, Telephone Number: 705 Establishment, Date of Inspection: 10-22-21, ID #: 27, Establishment Address: 505 N MAIN ST GRS CITY, Owner: Andrew Simmons, Purpose: 1. Routine, Follow-up: NO, Release Date: 10 days, Owner's Address: 1321 S Washington St Marion, Person in Charge: Rita, Responsible Person's E-mail: [redacted], Certified Food Handler: Tessa Stalren Exp 9-2025

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Content: NO VIOLATIONS

Received by (name and title printed): AJ Simmons, Inspected by (name and title printed): Scott Kendall / Dean Smith, Received by (signature): [signature], Inspected by (signature): [signature], cc: [redacted]