



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 header section containing: Establishment Name (Poppies), Telephone Number (763 Establishment, 573-6202 Owner), Date of Inspection (8-14-21), ID # (27), Establishment Address (505 W Main St, Gosport, IN), Owner (Andrew Simons), Owner's Address, Person in Charge (Tina), Responsible Person's E-mail, Certified Food Handler, Purpose (Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C 1, NC, R), Menu Type (1, 2, 3, 4, 5).

- 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/N/C, R, Narrative, To Be Corrected By. Row 1: Narrative: Basket not at temp - Needs 135°F or above temp 112°F.

Signature section: Received by (name and title printed): Tina Bolden; Inspected by (name and title printed): Dean Smith; Received by (signature): Tina Bolden; Inspected by (signature): Dean Smith; cc: fields.