



**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 <i>Peggy Sue's</i>	Telephone Number () Establishment	Date of Inspection (mm/dd/yr) <i>10/30/2021</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1814 West State Road 29 Urbana , Ohio 43078</i>	() Owner	Follow-up Release Date	
Owner <i>Aaron Cosentino</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u><i>Willieween</i></u>	Summary of Violations: C___ NC___ R___	
Owner's Address <i>Same</i>		Menu Type (See back of page) <i>1___ 2___ 3✓ 4___ 5___</i>	
Person in Charge <i>Same</i>			
Responsible Person's E-mail <i>aaroncozen1581@gmail.com</i>			
Certified Food Handler <i>Peggy Sue</i>			

- 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
			<i>No safety violations at this time</i>	

Received by (name and title printed): <i>Jack Cosentino</i>	Inspected by (name and title printed): <i>Kyle Kellogg</i>
Received by (signature): <i>Jack Cosentino</i>	Inspected by (signature): <i>Kyle Kellogg</i>
cc:	cc: