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 Pony Espresso	**Telephone Number** ( ) Establishment ( ) Owner 667-0732	**Date of Inspection** *(mm/dd/yr)* 8-31-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 138 W Main St Gas City			
Owner Corinne Rose	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** No	**Release Date** 10 days
Owner's Address 1022 Condy Ct Ct.		**Summary of Violations:** C — NC — R —	
Person in Charge Corinne		**Menu Type** *(See back of page)* 1 ___ 2 X 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail —			
Certified Food Handler Corinne Rose			

- **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
			— No violations at this inspection —	

Received by (*name and title printed*): Corinne Rose	Inspected by (*name and title printed*): Dave Sump FSIO
Received by (*signature*): Corinne Rose	Inspected by (*signature*): FSIO
cc:	cc:
cc:	cc: