



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 (Pork Paradise), Telephone Number (765-635-6153), Date of Inspection (8-21-21), ID # (27), Owner (Greg Varnatta), Purpose (1. Routine), Follow-up, Release Date, Person in Charge (Greg Varnatta), Responsible Person's E-mail (Porkparadiseandmore@gmail.com), Certified Food Handler (Greg Varnatta).

- 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/C, R, Narrative, To Be Corrected By. Row 1: 138, NC, No hair Restraint.

Received by (name and title printed): Greg Varnatta, Inspected by (name and title printed): Dean Smith, Received by (Signature), Inspected by (Signature), cc: