



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: Four House; Telephone Number: 7656780240; Date of Inspection: 3-14-19; ID #: 27; Establishment Address: 135 WEST MAIN GAS CITY; Owner: BRAWDON / Kelly Rock; Purpose: Routine; Follow-up: NO; Release Date: 3-24-19; Owner's Address: 400 E NORTH ST. GAS CITY; Person in Charge: Tina Horner; Responsible Person's E-mail: N/A; Certified Food Handler: BRAWDON ROCK 10/2018

- 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/NC, R, Narrative, To Be Corrected By. Row 1: 310, NC, THE HOOD VENT ABOVE DEEP FRYER SOILED WITH FOOD DEBRIS & OTHER DEBRIS, TODAY. Row 2: 294, C, THE SANITIZER AT BAR TESTED AT 0ppm Corrected Not 100ppm for cloths.

Received by (name and title printed): Tina Horner; Inspected by (name and title printed): Blake Can - FSTO; Received by (signature): Tina Horner; Inspected by (signature): Blake Can - FSTO; cc: (blank)