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** ( ) Establishment ( ) Owner 674-6940	**Date of Inspection** *(mm/dd/yr)* 8-29-19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 135 W Main St Gas City			
Owner Brandon - Kelly Rock	**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 400 E Main St		**Summary of Violations:** C___ NC 2 R___	
Person in Charge		**Menu Type** *(See back of page)* 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler			

- 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
310	NC	X	the hood above grill soiled w/ debris & grease	72hrs
295	NC		the top of the 4 top stove is soiled w/ dried food debris	

Received by (*name and title printed*): Brandon Rock Owner

Received by (*signature*):

Inspected by (*name and title printed*): Dean Small FSP

Inspected by (*signature*):

cc: | cc: | cc: