



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 Code, and the Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Form with fields: Establishment Name (POUR HOUSE), Telephone Number (765 674 6946), Date of Inspection (01/22/2020), ID # (27), Establishment Address (135 W MAIN ST. GAS CITY), Owner (BRANDON ROCK), Owner's Address (400 E N "C" ST. GAS CITY), Person in Charge (BRANDON ROCK), Responsible Person's E-mail (N/A), Certified Food Handler (BRANDON ROCK, ISS 10/2018), Purpose (1. Routine), Follow-up (No), Release Date (02/01/2020), Summary of Violations (C, NC, R), Menu Type (1, 2, 3X, 4, 5).

- 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 129, C, Employee changing tasks putting on gloves without first washing hands, TODAY. Row 2: 295, NC, THE HANDLES OF DOORS TO REFRIGERATOR/FREEZERS, TODAY.

Received by (name and title printed): Brandon Rock, Owner. Inspected by (name and title printed): [Signature] - FSD. Received by (signature): [Signature]. Inspected by (signature): [Signature].