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 Just one More LLC dba Pour House	**Telephone Number** (674) Establishment (6940) Owner	**Date of Inspection** (mm/dd/yr) 8-1-20	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 135 W Main St Gas City			
Owner Brandon 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 440 E N C St		**Summary of Violations:** ~~C~~ NC 1 R	
Person in Charge Brandon			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 2 3 X 4 5	
Certified Food Handler Brandon Rock Oct 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"

Section#	C/NC	R	Narrative	To Be Corrected By
DS ~~295~~ 297	NC		At the bar, Coke Nozzle is soiled - should be cleaned min. of once a week	TO Day

Received by (name and title printed): Brandon Rock	Inspected by (name and title printed): Dean Engel [signature]
Received by (signature): [signature]	Inspected by (signature): [signature]
cc:	cc:
	cc: