



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 (Roseburg Event Center), Telephone Number (768 Establishment), Date of Inspection (7-16-19), ID # (27), Establishment Address (2983 W 38th St Marion), Owner (Toby/Diane Middlebrooks), Owner's Address (167 N 300 W Marion), Person in Charge (Corbett Moses), Responsible Person's E-mail (N/A), Certified Food Handler (Corbett Moses), Purpose (1. Routine), Follow-up (10 days), Summary of Violations (C NC R), Menu Type (1 2 3 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 columns: Section#, C, NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'NO VIOLATIONS AT THIS INSPECTION'.

Form with fields: Received by (name and title printed): CORBETT J. MOSEJ MANAGER; Inspected by (name and title printed): Dawn Smith RSTO; Received by (signature); Inspected by (signature); cc: fields.