



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 (Sattler Sweet Tea), Telephone Number (239-340-3481), Date of Inspection (9/16/19), ID #, Establishment Address (25625 Tropic acres Dr. Bonita Springs, FL 34133), Owner (Penny Sattler), Owner's Address (P.O. Box 64), Person in Charge (Penny Sattler), Responsible Person's E-mail (Pennysattler@yahoo.com), Certified Food Handler (Ilisha Poole), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other (list) Matthews), Follow-up, Release Date, 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 time'

Received by (name and title printed): THOMAS SATTLER, Inspected by (name and title printed): Kyle Kellogg, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: []