



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 header section containing: Establishment Name (Sender Gate LLC), Telephone Number (765 Establishment), Date of Inspection (10-12-21), ID # (27), Establishment Address (1005 Washington St.), Owner (William Reece), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (1021 Monroe PK), Person in Charge (William), Responsible Person's E-mail, Certified Food Handler (enrolled in class), and 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 8 rows of handwritten inspection notes such as 'Cookies & Trail Mix at counter needs labels on packages', 'Employee prep work/cooking w/o a hair restriction', 'Single service items (cups & trays) sitting directly on floor', etc.

Signature section containing: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), and cc: fields.