



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

4113

**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 Shiloh's Frybread | | | Telephone Number () Establishment 606-767-1930 () Owner | | Date of Inspection (mm/dd/yr) 10/11/19 | ID # 27 |
|--|------|---|---|--|---|--------------------|
| Establishment Address (number and street, city, state, ZIP code) Mississinewa 1812 | | | Owner Brian Duvail/Ashley Pruyne | | Follow-up | Release Date |
| Owner's Address 130 Candlewood Drive Shlebyville, IN 37160 | | | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Mississinewa 1812 | | Summary of Violations: C__ NC__ R__ | |
| Person in Charge Ashley/ Brian | | | Responsible Person's E-mail shilosfrybread@gmail.com | | Menu Type (See back of page) 1 2 3/4 5 | |
| Certified Food Handler AshleyPruyne/ Brian Duvail | | | <ul style="list-style-type: none"> • 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 |
| | | | No Violations at this Inspection | | | |
| Received by (name and title printed): X [Signature] Justin O'Neill | | | Inspected by (name and title printed): [Signature] TCSO | | | |
| Received by (signature): [Signature] | | | Inspected by (signature): [Signature] TCSO | | | |
| cc: | | | cc: | | | cc: |