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 Specialty Foods	**Telephone Number** (440) 856-3679	**Date of Inspection** *(mm/dd/yr)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2438 McGraw lane Panama City, FL 32405	( ) Owner		
Owner Ron Redburn	**Purpose:** 1. Routine	**Follow-up** / **Release Date**	
Owner's Address SAM	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Joshua [redacted] Ford	4. Pre-Operational 5. Temporary	C 1 NC ___ R ___	
Responsible Person's E-mail N/A	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Ron Redburn			

- 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
	C		EATING food on line ABOVE food	

Received by (*name and title printed*): Joshua Ford	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: