RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

Uptown

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 STEAM The Corner	**Telephone Number** ( ) Establishment 217-474-7526 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/7/19	**ID #**
Establishment Address *(number and street, city, state, ZIP code)* 721 S. Jeffrey Drive Kingman, IN 47952			
Owner Tony Woodward	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* ~~Matthews~~	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tony Woodward		**Menu Type** *(See back of page)* 1___2___3___4___5___	
Responsible Person's E-mail thetonywoodward@gmail.com			
Certified Food Handler Dena Lane			

- 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 Time	

Received by *(name and title printed)*: Dena G. Lane/Hill	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*: Dena G. Lane/Hill	Inspected by *(signature)*: Kyle Kellogg

cc:	cc:	cc: