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 Street Chef	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 10/09/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* P.O. Box 5250 Fort Wayne, IN 46895			
Owner Eddie Ribel	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Eddie Ribel	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler Eddie Ribel	7. Other *(list)* ~~Taylor h. C~~	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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations At this time	

Received by (*name and title printed*): Eddie Ribel	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):
cc:	cc: