



**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 SUE BUGS	Telephone Number () Establishment 765-506-1299 () Owner	Date of Inspection (mm/dd/yr) 6-4-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) Box 51 Gas City, IN 46933			
Owner Henry & Debbie Borders	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Gas City Concert in the Park	Follow-up	Release Date
Owner's Address Same		Summary of Violations: C ___ NC ___ R ___	
Person in Charge Henry & Debbie Borders			
Responsible Person's E-mail dborders@aol.com			
Certified Food Handler Debbie Borders & Stacie Borders		Menu Type (See back of page) 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

Received by (name and title printed): <i>Debbie Borders</i>	Inspected by (name and title printed): <i>Dean Saml FSP</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: