RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

BRIDGE

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 Concessions	**Telephone Number** ( ) Establishment 765-506-1299 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9/7/19	**ID #**
Establishment Address (*number and street, city, state, ZIP code*) Box 51 Gas City, IN 46933			
Owner Henry & Deborah Borders	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ~~Vep Buffer Pop~~ MATTHEWS	**Follow-up**	**Release Date**
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Henry & Deborah Borders			
Responsible Person's E-mail dborders@aol.com		**Menu Type** (*See back of page*) 1____2____3____4____5____	
Certified Food Handler Deborah Borders			

- 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*): Henry Borders	Inspected by (*name and title printed*): Kyle Kellogg
Received by (*signature*): Henry Borders	Inspected by (*signature*): [signature]
cc:	cc:	cc: