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 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/10/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 105 W. N. E Street Gas City, IN 46933			
Owner Henry Borders	**Purpose:** 1. Routine	**Follow-up**	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Same	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail Sthomason@grantcounty.net	~~6. HACCP~~ 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler Stacie Thomason	~~Matthews~~	1___ 2_X_ 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
			Off to Sale	

Received by *(name and title printed)*: H BORDERS	Inspected by *(name and title printed)*: Dean Swan RS/O
Received by *(signature)*: H Borders	Inspected by *(signature)*: Dean Swan RS/O
cc:	cc:
	cc: