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	**Date of Inspection** *(mm/dd/yr)* 9-5-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* box 51 Gas CIty, IN 46933	( ) Owner		
Owner Henry & Debbie Borders	**Purpose:** 1. Routine	**Follow-up** ND	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Henry & Debbie Borders	4. Pre-Operational 5. Temporary	C____ NC____ R____	
Responsible Person's E-mail dborders@aol.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___2___3___4___5___	
Certified Food Handler ~~Debbie Borders~~ & Stacie 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
295	C		Plastic tub holding clean towels - has debris in the bottom.	Today

Received by (*name and title printed*): Haley Lawson

Received by (*signature*): Haley Lawson

Inspected by (*name and title printed*): Dean Sand FSD

Inspected by (*signature*): Dean Sand FSD

cc: | cc: | cc: