



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.

Form with fields: Establishment Name (SUE BUGS), Telephone Number (765-506-1299), Date of Inspection, ID #, Establishment Address (105 W. N. E Street Gas City, IN 46933), Owner (Henry & Deborah Borders), Purpose (6. HACCP), Follow-up, Release Date, Summary of Violations (C, NC, R), Menu Type (1, 2, 3, 4, 5), Responsible Person's E-mail (NA), Certified Food Handler (Debbie Stacie), and Ducktail.

• 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'OK to Close' in the Narrative column.

Form with fields: Received by (name and title printed), Inspected by (name and title printed), Received by (signature), Inspected by (signature), cc: (two empty fields).