



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 (Suebugs), Telephone Number, Date of Inspection (5-7-21), ID # (27), Establishment Address (105 W. W. E.), Owner (Henry Borders), Owner's Address (Same), Person in Charge (Henry), Responsible Person's E-mail, Certified Food Handler (Stacie Thomason), Purpose (1. Routine), Follow-up (no), Release Date (10 days), Summary of Violations (C \_\_ NC \_\_ R \_\_), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'no violations'.

Received by (name and title printed): Stacie Thomason; Inspected by (name and title printed): Scott Hendrick; Received by (signature): Stacie Thomason; Inspected by (signature): Scott Hendrick; cc: (empty)