



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 header section containing: Establishment Name (Sunny 700 Bar & Grill), Telephone Number (265 Establishment), Date of Inspection (10-7-20), ID # (27), Establishment Address (202 S. Washington St), Owner (Armon Walker), Owner's Address (Same), Person in Charge (Korn Murphy), Responsible Person's E-mail, Certified Food Handler (Expired), Purpose (1. Routine, 2. Follow-up, 3. Complaint), Follow-up (Yes), Release Date (10 days), Summary of Violations (3 NC, 3 R), Menu Type (1, 2, 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 7 rows of inspection findings such as 'Chewability of floors & - floor tile found or replaced', 'Doors must be closed - no insects in sets etc. in bar - eating area', 'Salad dressing - Hamburger no date marking in refrigerator', 'Outside of fryers - grease & food debris also 4 pans of grease sitting on metal stand', 'Flooding out front has dirt & other debris on it', 'Hand sink in kitchen - had a metal bucket sitting in it - sink can't be blocked', 'A Certified Food Handler - must be done in class room'.

Signature section containing: Received by (name and title printed): Ron Murphy; Inspected by (name and title printed): Scott Kivencal Dept Health Officer; Received by (signature): Ron Murphy; Inspected by (signature): Scott Kivencal.