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: JUAYZEE BAR & GRILL	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 9/11/19	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 202 S Washington St.			
Owner: AARON WALKER	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**	**Release Date**
Owner's Address		**Summary of Violations**: C____ NC____ R____	
Person in Charge: Ron Murphy			
Responsible Person's E-mail: N/A		**Menu Type** (*See back of page*): 1___ 2___ 3___ 4 X 5___	
Certified Food Handler: Aaron Walker exp 1-2020			

- **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
			Complaint not observed	
		-	Follow-up inspection on 9/13/19	
		-	PER past inspection on 7-27-19	

Received by (*name and title printed*):

Received by (*signature*): Ron Murphy

Inspected by (*name and title printed*):

Inspected by (*signature*):

cc: | cc: | cc: