



**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 TASTE OF COLE BARBQ	Telephone Number (765) Establishment 662-6075 () Owner	Date of Inspection (mm/dd/yr) 5-3-19	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1101 W. 17th. Street Marion, IN 46953		Follow-up NS	Release Date 10 days
Owner Minnie Cole	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) First Fridays	Summary of Violations: C - NC 1 R	
Owner's Address Same		Menu Type (See back of page)	
Person in Charge Minnie Cole		1 2 3 4 5	
Responsible Person's E-mail NA			
Certified Food Handler Minnie Cole			

- 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
291	NC		No sanitizer steps on site	

Received by (name and title printed): Sondra Cole	Inspected by (name and title printed): Dawn Smith FSD
Received by (signature): <i>Sondra Cole</i>	Inspected by (signature): <i>Dawn Smith</i>
cc:	cc: