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 The Barnyard Grill	**Telephone Number** ( ) Establishment 574-304-5078 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 8-6-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* Van Buren Popcorn Festival			
Owner Jason Lee	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 803 Lincolnway South Lienier, IN 46767	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Misty Michael	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2___ 3___ 4___ 5___	
Certified Food Handler Misty Michael	Van Buren		

- 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
			No Violations on this inspection	

Received by (*name and title printed*): JASON CEE	Inspected by (*name and title printed*): Scott McKendall
Received by (*signature*):	Inspected by (*signature*): Scott McKendall #510
cc:	cc:
	cc: