



**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 <i>Fat John's #1</i>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <i>9-11-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>210 N Adams St Knightstown IN</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>John A. Waffle / (Henry)</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations:  C <input type="checkbox"/> NC <input checked="" type="checkbox"/> R <input type="checkbox"/>	
Owner's Address <i>same</i>		Menu Type (See back of page) <i>1</i> 2 3 4 5	
Person in Charge <i>(Henry)</i>			
Responsible Person's E-mail <i>[Redacted]</i>			
Certified Food Handler <i>(Henry)</i>			

- 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	N	R	Narrative	To Be Corrected By
				<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Cheryl Hammer</i>	Inspected by (name and title printed): <i>Scott H. Kendrick</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: