



**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 Big Easy	Telephone Number () Establishment 765-623- () Owner	Date of Inspection (mm/dd/yr) 9-24-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 36 Urban Drive Anderson, IN 46041		Follow-up NO	Release Date 10 days
Owner Leah Green	Purpose: 1. Routine		
Owner's Address Same	2. Follow-up	Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Person in Charge Leah Green	3. Complaint		
Responsible Person's E-mail thebigeasycuisineandcatering@yahoo.com	4. Pre-Operational	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler Leah Green	5. Temporary		
	6. HACCP		
	7. Other (list) Ducktail		

• 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): Brittany Ecker - Assistant	Inspected by (name and title printed): Scott Likendell
Received by (signature): <i>Brittany Ecker</i>	Inspected by (signature): <i>Scott Likendell/BSFO</i>
cc:	cc:
cc:	cc: