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 BRanch	**Telephone Number** ( ) Establishment 765-506-1228	**Date of Inspection** *(mm/dd/yr)* 9/27/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 108 S. Main Street Fairmount, IN 46928	( ) Owner		
Owner Fairmount Wesleyan Church	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address 304 N. Walnut St. Fairmount, IN 46928	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC ___ R ___	
Person in Charge	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail thebranch.fairmount@gmail.com	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler Jessi Kipfer	4-H		

- 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
	C		No Santi Strips	

Received by *(name and title printed)*: Victor Vinluan Food Truck Mgr	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*:	Inspected by *(signature)*:

cc:	cc:	cc: