



**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>The Branch</i>			Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>9-25-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>108 S. Main St. Putnam</i>					
Owner <i>[Signature]</i>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Pre-open</i>	Follow-up	Release Date
Owner's Address <i>[Signature]</i>				Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge <i>Victor</i>				Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail					
Certified Food Handler <i>Allison Van Orden exp 6/2024</i>					
<ul style="list-style-type: none"> • 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
			<i>No sanitizer strips available to check ppm.</i>		<i>Today</i>
Received by (name and title, printed): <i>Victor Vinluan</i>			Inspected by (name and title printed): <i>DOAN Sarah FSD</i>		
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature] FSD</i>		
cc:		cc:		cc:	