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** 765) Establishment ( ) Owner 380-0274	**Date of Inspection** *(mm/dd/yr)* 6-7-21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 108 S. Main St Fairmount			
Owner Fairmount Wesleyan Church	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner's Address		**Summary of Violations:** C__ NC__ R__	
Person in Charge AnaRuth Geist		**Menu Type** *(See back of page)* 1__ 2__ 3_/ 4__ 5__	
Responsible Person's E-mail			
Certified Food Handler Jenny Manduley cpp			

- 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 -	

Received by (*name and title printed*):
AnaRuth Geist

Received by (*signature*):
AnaRuth Geist

Inspected by (*name and title printed*):
Dean Snyder / Scott Kilander

Inspected by (*signature*):
Dean Snyder RSO / Scott Kilander RSO

cc: | cc: | cc: