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 Corner	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 9/10/2021	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 721 S. Jeffrey Dr. Kingman, IN 47952			
Owner Tony Woodward	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** ~~C~~ ~~NC~~ ~~R~~	
Person in Charge Tony Woodward	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail thetonywoodward@gmail.com	6. HACCP 7. Other *(list)* Matthews	**Menu Type** *(See back of page)* 1 2 3 ✓ 4 5	
Certified Food Handler Dena Hill			

- **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 At this Time	

Received by *(name and title printed)*: Dena Lane-Hill	Inspected by *(name and title printed)*: Kyle Kellogg
Received by *(signature)*: Dena Lane-Hill	Inspected by *(signature)*:
cc:	cc: