



# 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<br><b>THE ETS WAGON</b>  | Telephone Number<br>(765) Establishment: 618-9381<br>( ) Owner:   | Date of Inspection<br>(mm/dd/yr)<br><b>6-4-19</b>  | ID #<br><b>27</b>              |
| Establishment Address (number and street, city, state, ZIP code)<br><b>310 E.S. E Street Gas City, TN 46933</b> |   | Follow-up<br><b>NO</b>   | Release Date<br><b>6-14-19</b> |
| Owner<br><b>Naomi Miller/ Judy Jolliff</b>  | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br><i>Gas city<br/>Convenient</i> | Summary of Violations:<br><b>C</b> <u>    </u> <b>NC</b> <u>    </u> <b>R</b> <u>    </u>                                      |                                |
| Owner's Address<br><b>Same</b>  |   | Menu Type (See back of page)<br><b>1</b> X <b>2</b> <u>    </u> <b>3</b> <u>    </u> <b>4</b> <u>    </u> <b>5</b> <u>    </u> |                                |
| Person in Charge<br><b>Same</b>   |   |  |                                |
| Responsible Person's E-mail<br><b>theeiswagon@gmail.com</b>   |   |  |                                |
| Certified Food Handler<br><b>Naomi Miller/ Judy Jolliff</b>   |   |  |                                |

- 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 |
|----------|------|---|---|--------------------|
|          |      |   | <b>No Violations at this Inspection</b> |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |
|          |      |   |   |                    |

|  |   |
|--|---|
| Received by (name and title printed):<br><b>✶ Alexis Jolliff</b> | Inspected by (name and title printed):<br><b>Blake [Signature] - FSDU</b> |
| Received by (signature):<br><b>✶ Alexis Jolliff</b>              | Inspected by (signature):<br><b>[Signature] - FSDU</b>                    |
| cc:  | cc:   |