



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.

Form with fields: Establishment Name (The Eis Wagon), Telephone Number (765-618-9381), Date of Inspection (9-5-20), ID # (27), Establishment Address (310 E. South E Street Gas City, IN 46933), Owner (Naomi Miller & Judy Jolliff), Purpose (1. Routine, 2. Follow-up, 3. Complaint, 4. Pre-Operational, 5. Temporary, 6. HACCP, 7. Other), Follow-up (No), Release Date, Summary of Violations (C NC R), Menu Type (1 2 3 4 5), Certified Food Handler (Naomi Miller & Judy Jolliff).

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text: 'No violations'.

Received by (name and title printed): Heaven Miller; Inspected by (name and title printed): Dawn Smith PSD; Received by (signature): Heaven Miller; Inspected by (signature): Dawn Smith PSD; cc: fields.