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 ETS WAGON	**Telephone Number** ( ) Establishment 765-718-9381 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 6/15/21	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 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 *(list)* 4-H Fair	**Follow-up**	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C— NC— R—	
Person in Charge Same			
Responsible Person's E-mail theeiswagon@gmail.com		**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler			

- 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
			OK to Safe -	

Received by (*name and title printed*): Naomi Miller	Inspected by (*name and title printed*): DEAN Smith
Received by (*signature*): Naomi Miller	Inspected by (*signature*): Dean Smith PSP

cc:	cc:	cc: