



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 <i>The Grant County Rescue Mission</i>		Telephone Number (715) Establishment <i>668 0588</i>	Date of Inspection (mm/dd/yr) <i>10-22-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>423 S Gallatin St. Marion</i>		Owner <i>668 0588</i>		
Owner <i>Board members</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up <i>No</i>	Release Date <i>10 days</i>	
Owner's Address <i>Same</i>		Summary of Violations: <i>C ___ NC ___ R ___</i>		
Person in Charge <i>James</i>		Menu Type (See back of page) <i>1 ___ 2 ___ 3 <u>X</u> 4 ___ 5 ___</i>		
Responsible Person's E-mail _____				
Certified Food Handler <i>Rick Burbriss</i>				

- 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
			<i>No violations</i>	

Received by (name and title printed): <i>JAMES BURKHART</i>		Inspected by (name and title printed): <i>Dana ... / Scott K ...</i>	
Received by (signature): <i>[Signature]</i>		Inspected by (signature): <i>[Signature]</i>	
cc:		cc:	