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 Munchie Machine	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 9-10-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 102 W. 8th Street Matthews, IN 46957			
Owner Stacie Collins	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Stacie Collins	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other (*list*) ~~Matthews~~	**Menu Type** (*See back of page*) 1___ 2___ ~~3~~ 4___ 5___	
Certified Food Handler Christian Collins			

- 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	

Received by (*name and title printed*): Stacie Collins	Inspected by (*name and title printed*): Scott Kikendall
Received by (*signature*): Stacie L.	Inspected by (*signature*): Scott Kikendall FS10

cc:	cc:	cc: