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 Munchy Machine	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr) 9-24-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 102 W 8th St Matthews			
Owner Stacie Collins	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) James Dean	**Follow-up** —	**Release Date** —
Owner's Address Same		**Summary of Violations:** C — NC — R —	
Person in Charge Stacie			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 2 X 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): [signature]	Inspected by (name and title printed): Scott Likenhall
Received by (signature):	Inspected by (signature): Scott Likenhall
cc:	cc:
	cc: