



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 Pony Espresso), Telephone Number (705), Date of Inspection (7-9-21), ID # (27), Establishment Address (138 W Main St Gas City), Owner (CORINNE ROSE), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (1022 Candy Creek Ct), Person in Charge (CORINNE), Responsible Person's E-mail, Certified Food Handler (CORINNE ROSE Exp 4-2024), Summary of Violations (C NC R), Menu Type (1 2 3 4 5).

- 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. Narrative contains 'NO VIOLATIONS'.

Received by (name and title printed): Inspected by (name and title printed): Scott K. Kendall
Received by (signature): Inspected by (signature): Scott Kendall FSO
cc: [signature]