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: THIS & THAT	Telephone Number: ( ) Establishment 765-673-7593 ( ) Owner	Date of Inspection (mm/dd/yr): 6-9-2020	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 240 W. North Street Upland, IN 46989			
Owner: Lora Mills	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) ~~Dunhams~~	Follow-up: NO	Release Date: 10 days
Owner's Address: Same		Summary of Violations: C ~ NC ~ R ~	
Person in Charge: Lora Mills			
Responsible Person's E-mail: thisandthatonestepup@gmail.com		Menu Type (See back of page): 1 2 3 X 4 5	
Certified Food Handler: Lora Mills			

- 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 on this inspection	

Received by (name and title printed): Lora K Mills	Inspected by (name and title printed): Scott Killedall / Dean Small FSD
Received by (signature): Lora K Mills	Inspected by (signature): Scott Killedall / Dean Small FSD
cc:	cc:
	cc: