



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 (THOMPSON'S B&K Rootbeer), Telephone Number (765 662 3263), Date of Inspection (2-25-19), ID # (27), Establishment Address (1401 W FACTORY AVE - MARION), Owner (ROBT THOMPSON), Purpose (4. Pre-Operational), Follow-up (NO), Release Date (3-7-19), Person in Charge (ROBT THOMPSON), Responsible Person's E-mail (N/A), Certified Food Handler (MICHAEL THOMPSON)

- 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. Row 1: Narrative: THE 4 BURNER STOVE IN MIDDLE prep AREA DOESNT HAVE A HOOD SYSTEM THAT COVERS THE OPEN FLAMES AND IS NOT VENTED TO OUTSIDE. To Be Corrected By: NEED FIRE MARSHALL APPROVAL DENIED. Includes handwritten note: Done 2/28/19

Received by (name and title printed): X MICHAEL THOMPSON
Inspected by (name and title printed): RALEIGH - FSD / DEAN SMALL - FSD
Received by (signature): X [Signature]
Inspected by (signature): [Signature] / [Signature]