# 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** Tipsy Owl Bar and Grill | **Telephone Number** ( ) Establishment ( ) Owner | **Date of Inspection** (*mm/dd/yr*) 6-30-20 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 3108 S. Washington St Marion | | | |
| **Owner** Troy and Carrie Garrett | **Purpose:** 1. Routine | **Follow-up** — | **Release Date** 10 days |
| **Owner's Address** 516 E Marshall St | 2. Follow-up | **Summary of Violations:** | |
| **Person in Charge** Troy Garrett | 3. Complaint 4. Pre-Operational | C___ NC___ R___ | |
| **Responsible Person's E-mail** — | 5. Temporary 6. HACCP | **Menu Type** (*See back of page*) | |
| **Certified Food Handler** Shawnna Trusty ISS 3-23-20 | 7. Other (*list*) ___ | 1___ 2___ 3 X 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"

| Section# | C/NC | R | Narrative | To Be Corrected By |
|---|---|---|---|---|
| | | | 0 | |
| | — | | For License obtained | |
| | — | | Kitchen clean up includ flooring / ceiling | |
| | — | | OK to open on 7-13-2020 | |

Received by (*name and title printed*): Troy L Garrett II

Received by (*signature*): Troy L Garrett II

Inspected by (*name and title printed*): Dean Snapp / Scott Kirkendall PS

Inspected by (*signature*): Dean Snapp / Scott Kirkendall

cc: | cc: | cc: