



**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 Village Pantry # 5636		Telephone Number (765) Establishment	Date of Inspection (mm/dd/yr) 9-17-20	ID # 27
Establishment Address (number and street, city, state, ZIP code) 6296 E 500 S Gas City		Owner 674-7040	Follow-up NO	
Owner Village Pantry LLC		Purpose: 1. Routine	Release Date 10 days	
Owner's Address 8565 megellan pky ste 400 VA		2. Follow-up	Summary of Violations: C <u>1</u> NC <u>0</u> R <u>0</u>	
Person in Charge Scott Ehmer		3. Complaint	Menu Type (See back of page) 1 X 2 3 4 5	
Responsible Person's E-mail		4. Pre-Operational		
Certified Food Handler Scott Ehmer		5. Temporary		
		6. HACCP		
		7. Other (list)		

• 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
141	C			162 TRU Moo Choc MILKS out of date 9-9-20 - several bottles	corrected

Received by (name and title printed): Scott Ehmer AMG		Inspected by (name and title printed): Scott Kendrick	
Received by (signature): 		Inspected by (signature): 	
cc:	cc:	cc:	cc: