



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 header with fields: Establishment Name (Village Pantry #5579), Telephone Number (965 Establishment, 948-3378 Owner), Date of Inspection (10-3-19), ID # (27), Establishment Address (150 West 8th St Fairmount), Owner (965 Magellan Pkwy St 402), Purpose (1. Routine), Follow-up (10 days), Release Date (10 days), Owner's Address (Village Pantry LLC), Person in Charge (Jennifer Rhodes), Responsible Person's E-mail, Certified Food Handler (Jennifer Rhodes 7/2024), Summary of Violations (3 NC 2 R 2), Menu Type (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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entries for violations 187, 129, 295, and 431.

Form footer with fields: Received by (Jennifer Rhodes), Inspected by (Dean Frank PST), Received by (signature), Inspected by (signature), cc: fields.

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 10/5/19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 10/3/19.

DATE: 10/3 Action Taken: 187 (section) was taken care of immediately.

10/3 section 129 was corrected immediately

10/3 section 295 was taken care of immediately.

10/3 sections 295 & 431 were also taken care of same day.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Jennifer Rhodes Title: Store MGR.

Establishment Name: Village Pantry

Address: 150 W 8th Street Fairmont IN 46928

- Attach additional sheets as needed.