# 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**<br>Westview | **Telephone Number**<br>( ) Establishment<br>( ) Owner | **Date of Inspection** *(mm/dd/yr)*<br>3-30-20 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>709 W 6th Jonesboro | | | |
| **Owner**<br>Mississinewa Community | **Purpose:**<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* | **Follow-up**<br>— | **Release Date**<br>10 days |
| **Owner's Address** | | **Summary of Violations:**<br>C— NC— R— | |
| **Person in Charge**<br>Amanda | | | |
| **Responsible Person's E-mail**<br>— | | **Menu Type** *(See back of page)*<br>1 2 3 4 5 | |
| **Certified Food Handler**<br>— | | | |

- 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 |
|---|---|---|---|---|
| | | | POD food give away Reference COVID-19 | |

| | |
|---|---|
| Received by (*name and title printed*): | Inspected by (*name and title printed*):<br>Drew Smith FSED |
| Received by (*signature*):<br>Amanda Wright | Inspected by (*signature*):<br>Drew Smith FSED |
| cc: | cc: |
| | cc: |