



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 section containing fields for Establishment Name (Witkers Bull Pen), Telephone Number (708 Establishment, 998-7734), Date of Inspection (8-29-19), ID # (27), Owner (Kris & Tammy Witt), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Owner's Address (3631 Delphi PK), Person in Charge (Tammy), Responsible Person's E-mail, and Certified Food Handler (Tammy Witt exp Nov 2021).

- 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 4 columns: Section#, C/C, R, Narrative, To Be Corrected By. Narrative contains handwritten text: - No violations of this inspection -

Form footer section containing Received by (name and title printed) (Tammy R Witt), Inspected by (name and title printed) (Dea Smith, FST), Received by (signature) (Tammy R Witt), Inspected by (signature) (Dea Smith, FST), and cc: fields.