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 Witters Bull Pen	**Telephone Number** (765) 987-7734 (Establishment) ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5/24/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 6 56 N Main St. Upland			
Owner Kris / Tammy Witt	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 6-3-19
Owner's Address PO Box 396 Upland		**Summary of Violations:** C___ NC___ R___	
Person in Charge x Tammy Witt		**Menu Type** *(See back of page)* 1___ 2___ 3X 4___ 5___	
Responsible Person's E-mail N/A			
Certified Food Handler Tammy Witt			

- 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
			No Violations at this inspection	

Received by (*name and title printed*): x Tammy Witt	Inspected by (*name and title printed*): R Dale Cox - FSTO
Received by (*signature*): x Tammy Witt	Inspected by (*signature*): R Dale Cox FSTO
cc:	cc:
cc:	