



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: Establishment Name (Yeakles Sports Bar), Telephone Number (765 Establishment), Date of Inspection (10-20-20), ID # (27), Establishment Address (3022 S Washington St Marion), Owner (Wesley Yeakle), Owner's Address (3240 S Overmann St), Person in Charge (Micah Yeakle), Responsible Person's E-mail, Certified Food Handler (Micah Yeakle exp 1-2023), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Summary of Violations (C L NC L R /), Menu Type (1 2 3 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 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: 345, C, X, Hand Sink in Kitchen has Electrical Work in it to include Food Debris, Today. Row 2: 138, NC, , Cooking with no hair restraint on. Must have hair net or hat on, Today.

Signature section containing: Received by (name and title printed): Micah Yeakle; Inspected by (name and title printed): Scott H...; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [ ]