



**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 <i>Yeakles Sports BAR</i>	Telephone Number <i>765</i> Establishment	Date of Inspection <i>6-26-19</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address <i>3022 S. Washington St.</i> (number and street, city, state, ZIP code)	<i>662-3217</i> Owner	<i>NY</i> Follow-up	<i>10 days</i> Release Date
Owner <i>Wesley Yeakle</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Owner's Address <i>32401</i>		Menu Type (See back of page) <i>1 2 3 X 4 5</i>	
Person in Charge <i>Micah Yeakle</i>			
Responsible Person's E-mail <i>N/A</i>			
Certified Food Handler <i>Micah Yeakle exp 1-2023</i>			

- 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
<i>345</i>	<i>C</i>	<i>X</i>	<i>Hand sink has food debris in it. Must be kept clean</i>	<i>Today</i>
<i>295</i>	<i>NC</i>		<i>Doors at sink is soiled w/ food and other debris</i>	<i>}</i>
<i>309</i>	<i>NC</i>		<i>Inside hood system is soiled w/ grease.</i>	

Received by (name and title printed): <i>Micah Yeakle</i>	Inspected by (name and title printed): <i>Dawn Brock FSTO</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSTO</i>
cc:	cc: