



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 with fields: Establishment Name (Village Pantry #5636), Telephone Number (765-674-7040), Date of Inspection (3-27-23), ID # (27), Establishment Address (6296 E 500 S Gas City), Owner (Village Pantry LLC), Owner's Address (8565 Magellan Pkwy VA), Person in Charge (Lisa), Responsible Person's E-mail, Certified Food Handler (Scott Ehman exp 9-2023), Purpose (1. Routine), Follow-up (N), Release Date (70 days), Summary of Violations (C __ NC __ 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations on inspection'.

Received by (name and title printed): LISA Hamilton; Inspected by (name and title printed): Scott Kerkell / Dan Simpson; Received by (signature): Lisa Hamilton; Inspected by (signature): Scott Kerkell / Dan Simpson; cc: fields.