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: Yeakle Sports Bar	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (mm/dd/yr): 4/29/23	**ID #**: 27
Establishment Address (number and street, city, state, ZIP code): 3022 S. Washington St Marion	**Purpose**: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up**: NO	**Release Date**: 10 days
Owner: Wesley Yeakle		**Summary of Violations**: C___ NC___ R___	
Owner's Address: Same			
Person in Charge: Wesley Yeakle		**Menu Type** (See back of page): 1___ 2X 3___ 4___ 5___	
Responsible Person's E-mail: Same			
Certified Food Handler: Michael Yeakle			

- 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 time	

Received by (name and title printed): WESLEY YEAKLE

Received by (signature): Wesley Yeakle

Inspected by (name and title printed): Kyle Kellogg Food Inspector

Inspected by (signature): Kyle Kellogg

cc:

cc:

cc: