



**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>West Homestead</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #	
Establishment Address (number and street, city, state, ZIP code) <i>4876 N 800E Van Buren</i>	<i>6-7-25 27</i>			
Owner <i>Katelyn Stevens</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up	Release Date	
Owner's Address <i>Same</i>	Summary of Violations: <i>P - M - R</i>			
Person in Charge <i>Katelyn Stevens</i>	Menu Type (See back of page)			
Responsible Person's E-mail	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>			
Certified Food Handler <i>Katelyn Stevens</i>				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section#	C/NC	R	Narrative	To Be Corrected By
			<i>Call next week with info on USDA</i>	
			<i>No violations</i>	
Received by (name and title printed): <i>Katelyn Stevens</i>	Received by (signature): <i>Katelyn Stevens</i>	Inspected by (name and title printed): <i>Dee Sma</i>	Inspected by (signature): <i>Dee Sma</i>	
cc:	cc:	cc:	cc:	