# 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

Ailes

**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: Ailes Homestead | Telephone Number ( ) Establishment ( ) Owner | Date of Inspection (*mm/dd/yr*): 8-3-24 | ID #: 27 |
| Establishment Address (*number and street, city, state, ZIP code*): 4876 N. 800 E. Van Buren | | | |
| Owner: Katelyn Stevens | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) | Follow-up | Release Date: 10 days |
| Owner's Address: Same | | Summary of Violations: C____ NC____ R____ | |
| Person in Charge: Katelyn Stevens | | | |
| Responsible Person's E-mail: | | Menu Type (*See back of page*): 1___2___3___4___5___ | |
| Certified Food Handler: Katelyn Stevens | | | |

- 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 | |

| | |
|---|---|
| Received by (*name and title printed*): | Inspected by (*name and title printed*): Dean Snyder |
| Received by (*signature*): | Inspected by (*signature*): Dean Snyder |

| | | |
|---|---|---|
| cc: | cc: | cc: |