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: ARBOR TRACE GOLF CLUB	**Telephone Number**: (765) Establishment 662-8236 Owner	**Date of Inspection** *(mm/dd/yr)*: 9-21-20	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 2500 E 550 N MARION			
Owner: JACK HART	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 DAYS
Owner's Address: 2502 E 550 N MARION	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge: JACK	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail: —	6. HACCP	**Menu Type** *(See back of page)*: 1___ 2X 3___ 4___ 5___	
Certified Food Handler: Robert D Piper Exp 1-25	7. Other (*list*) ___		

- 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 on this inspection	

Received by (*name and title printed*): Shawne Tracy

Received by (*signature*): Shawne Tracy

Inspected by (*name and title printed*): Scott Kirkendall

Inspected by (*signature*): Scott Kirkendall FSO

cc: | cc: | cc: