



**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 B&B Rootbeer INC	Telephone Number () Establishment () Owner 788-674-9651	Date of Inspection (mm/dd/yr) 7/2/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 928 E. Main St., Los City			
Owner Brian Morris	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) PF	Follow-up NO	Release Date 0 Days
Owner's Address James	Summary of Violations:		
Person in Charge Lisa			
Responsible Person's E-mail 			
Certified Food Handler Lisa Morris	Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
	FIP 1/8/29		

• 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 “RB”

Section#	C/NC	R	Narrative	To Be Corrected By
306(a)	C		<p>The following non food contact area is located in dry food - uncode C001 and fresh bottom to include C001S</p> 	Today

P - Priority | Critical
PF - Priority Foundation | NSP
C - Core | Non critical

Received by (name and title printed): Lisa Gomez	Inspected by (name and title printed): Angela B. McCallum
Received by (signature): 	Inspected by (signature): 
cc: 	cc: 