



# 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<br><u>B.A.J.A. Beer &amp; Joseph's</u>  | Telephone Number<br>(      ) Establishment<br>(      ) Owner   | Date of Inspection<br>(mm/dd/yr)<br><u>6/17/25</u> | ID #<br><u>21</u> |
| Establishment Address (number and street, city, state, ZIP code)<br><u>P.O. Box 1124 Milford</u> |  |  |                   |
| Owner<br><u>John &amp; Dom Beer</u>  | Purpose:<br>1. Routine<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other (list)<br><u>4-H Fair</u> | Follow-up  | Release Date      |
| Owner's Address<br><u>Same</u>   | Summary of Violations:<br><br><u>C NC R</u>  |  |                   |
| Person in Charge<br><u>John &amp; Dom Beer</u>   | Menu Type (See back of page)<br><br><u>1 2 3 4 5</u>   |  |                   |
| Responsible Person's E-mail  |  |  |                   |
| Certified Food Handler<br><u>Dabatha Beer</u>  |  |  |                   |

- 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"

Received by (name and title printed):

Received by (name and title printed):  
Tabasha Baer

Inspected by (name and title printed)

Inspected by (name and title of person): John G. Clegg      Column 1510  
Inspected by (signature): John G. Clegg      cc:

Received by (signature):

Received by (signature):  
*Jabattha Beer*

Digitized by srujanika@gmail.com

Inspected by Debra Miller 4510  
cc:

CC

66

CC



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|   |  |   |                   |
|---|--|---|-------------------|
| Establishment Name<br><b>B.A.T.A Beer '3 Jessop Arms</b>  | Telephone Number<br><b>Establishment 4500<br/>Owner ( )</b>  | Date of Inspection<br><b>(mm/dd/yr) 6/17/25</b> | ID #<br><b>27</b> |
| Establishment Address (number and street, city, state, ZIP code)<br><b>P.O. Box 29, Milford, DE</b> |  |   |                   |
| Owner<br><b>John '3 Dom Berry</b>   | Purpose:<br><ul style="list-style-type: none"><li>1. Routine</li><li>2. Follow-up</li><li>3. Complaint</li><li>4. Pre-Operational</li><li>5. Temporary</li><li>6. HACCP</li><li>7. Other (list)<br/><b>U-H. Aciv</b></li></ul> | Follow-up                                       | Release Date      |
| Owner's Address<br><b>Simple</b>  | Summary of Violations:   |   |                   |
| Person in Charge<br><b>John '3 Dom Berry</b>  | C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>  |   |                   |
| Responsible Person's E-mail<br><b></b>  | Menu Type (See back of page)   |   |                   |
| Certified Food Handler<br><b>John '3 Dom Berry</b>  | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   |   |                   |

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Received by (name and title printed):

Received by (name and title printed):  
Tabatha Beer

Inspected by (name and title printed):

Inspected by (name and telephone): Amelia Colum  
Inspected by (signature): AS (7810)

Received by (signature):

Received by (signature):  
J. Baxha Beer

Inspected by *John Mathew*

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CC:

cc: