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 Restaurant	**Telephone Number** ( ) Establishment ( ) Owner 674-6011	**Date of Inspection** *(mm/dd/yr)* 2-16-22	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 800 E Main St.			
Owner Tim Crouch	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C____ NC____ R____	
Person in Charge Tim			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Debbie Kern issued 1-2020			

- 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
295	C		Following "food contact" items is soiled w/ grease and/or dried food 1) Gas line above grill 2) Clean utensils store on ledge of sink (3-bay)	
295	NC		Following "Non Food" Contact items is soiled w/ dried food 1) Top of white stove 2) Side of and back of deep fryer.	

Received by *(name and title printed)*: Tim Crouch	Inspected by *(name and title printed)*: Dean Smith FSTO
Received by *(signature)*: Tim Crouch	Inspected by *(signature)*: Dean Smith FSTO
cc:	cc:
cc:	