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: Big H Sports Bar	**Telephone Number**: ( ) Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 10-31-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3022 S. Washington St			
Owner: Harold Smith	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NJ	**Release Date**: 10 days
Owner's Address: 3102 S Selby St		**Summary of Violations**: C___ NC 1 R___	
Person in Charge: Harold			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 2 3 4 5	
Certified Food Handler: Archie McClung			

- 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
308	NC		Hood above grill / fryer to be cleaned M&W of once a year. Scheduled to be done on 11-1-2024	

Received by (*name and title printed*): Harold Smith

Received by (*signature*): Harold Smith

Inspected by (*name and title printed*): Dena Snyder

Inspected by (*signature*): Dena Snyder

cc: | cc: | cc: