



**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>Bloom Bakery, LLC</b>		Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>4/24/25</b>	ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>3801 Skyline Ct.</b>			Follow-up <b>NO 10 Days</b>	Release Date	
Owner <b>Jessica Brodt</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Summary of Violations: C___ NC___ R___		
Owner's Address <b>Same</b>			Menu Type (See back of page) 1___ 2___ 3 <b>X</b> 4___ 5___		
Person in Charge <b>Jessica Brodt</b>					
Responsible Person's E-mail					
Certified Food Handler <b>Jessica Brodt 2/29/24</b>		Other (list) <b>Earth Day</b>			
• 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
			<b>no violations</b>		
Received by (name and title printed): <b>Jessica Brodt Owner</b>					
Received by (signature): <i>[Signature]</i>					
Inspected by (name and title printed): <b>Amelga R. McCallum</b>					
Inspected by (signature): <i>[Signature]</i>					
cc:		cc:		cc:	