



**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 <i>Bloom Bakery, LLC</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4/24/25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>3801 Skyline Ct.</i>	Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other <i>(list)</i> <i>Earth Day</i>	Follow-up <i>NO (10) days</i>	Release Date <i>NO (10) days</i>	
Owner <i>Jessica Brant</i>	Person in Charge <i>Jessica Brant</i>	Summary of Violations: <i>— NC — R</i>		
Owner's Address <i>Same</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Certified Food Handler <i>Jessica Brant 2/21/24</i>				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No violations</i>	
Received by (name and title printed): <i>Jessica Brant Owner</i>	Inspected by (name and title printed): <i>Christopher McCollum</i>			
Received by (signature) <i>Signature</i>	Inspected by (signature) <i>Signature</i>			
cc:	cc:	cc:	cc:	cc: