



**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>Bob's Bar</i>	Telephone Number () Establishment <i>(613) 495-4700</i>	Date of Inspection (mm/dd/yr) <i>5-29-28</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>122 S McClure St</i>			
Owner <i>Roy Pend</i>	Purpose: <i>Routine</i>	Follow-up <i>NO</i>	Release Date
Owner's Address <i>Steph</i>	2. Follow-up	Summary of Violations: <i>P- P- G-</i>	
Person in Charge <i>Roy</i>	3. Complaint		
Responsible Person's E-mail <i>[Signature]</i>	4. Pre-Operational		
Certified Food Handler <i>Stephanie Miller</i>	5. Temporary		
	6. HACCP		
	7. Other (list) _____	Menu Type (See back of page) <i>1 2 3 4 5</i>	

- 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):
Fredric L. Rinke

Inspected by (initials, name, rank, date)

Inspected by (name and title printed)

Received by (signature):

Received by (signature):
Roger G. Peij

Inspected by (signature):

Inspected by (name and title printed):
Deon Smith

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cc.

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