



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 Isabs BAR	Telephone Number (765) Establishment (513) Owner 4959	Date of Inspection (mm/dd/yr) 2-28-22	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1122 S. McClure St.		Follow-up N/A	
Owner Ray Pena	Purpose: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) _____	Release Date 10 days	Summary of Violations: C <u>2</u> NC <u>—</u> R <u>—</u> Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>X</u> 4 <u>—</u> 5 <u>—</u>
Owner's Address 3202 S. Washington			
Person in Charge April			
Responsible Person's E-mail 			
Certified Food Handler A/working on it			

- 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
345	C		Hand washing sink must be maintained (work) for employees to use	8 days
118	C		A certified food employee for this location only	

Received by (name and title printed): April Fix	Inspected by (name and title printed): Debra Lynn
Received by (signature): April Fix	Inspected by (signature): Debra Lynn PSD
cc:	cc: