



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>Chappy Drive Thru</i>	Telephone Number (704) 679-9400	Date of Inspection (mm/dd/yr) 1/13/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) <i>157 W Main St.</i>			
Owner <i>Bob Chapman</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>C — NC 1 R —</i>		
Person in Charge <i>M. M.</i>	Menu Type (See back of page)		
Responsible Person's E-mail <hr/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>Karen Miller 4-2023</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):

(name and title printed):
Mai Vaughn

Inspected by (name and title printed): *[Signature]*

Inspected by (name and title)
Dear Sir

Inspected by (signature):

inspected by (signature):
 Sean Kelly FSFD

Received by (signature):

Marie Vaughan

On the

inspected by (signature):
 Sean Kelly FSFD

CC

224

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