



## 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 7-2B, 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 <u>Freemont Market</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr) <u>9-23-28</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>201 N Main St.</u>			
Owner <u>Kyle Eccles</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u></u>	Follow-up	Release Date <u>10 days</u>
Owner's Address <u>Spokane</u>	Summary of Violations: <u>P - PC 3 R 3</u>		
Person in Charge			
Responsible Person's E-mail <u></u>	Menu Type (See back of page)		
Certified Food Handler <u>Jackie Martinez</u>	1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>		

- 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): <i>Anita</i>	Inspected by (name and title printed): <i>Deva Suyit Pefo</i>	
Received by (signature): <i>Anita</i>	Inspected by (signature): <i>Deva Suyit</i>	
cc:	cc:	cc: