



**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>Folkier Tavern</i>	Telephone Number <i>765</i>	Date of Inspection (mm/dd/yr) <i>11-6-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>117 S. Branson Marion</i>	Establishment <i>(668-20240)</i>	Owner <i>Steve Schreiner</i>	
Owner <i>Steve Schreiner</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>1360 E Old Hickory Rd</i>		Summary of Violations: <i>C — NC — R —</i>	
Person in Charge <i>Steve</i>		Menu Type (See back of page) <i>1 2 3 <u>X</u> 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Shane - This certificate isn't valid</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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>Mask to be worn by all employees per state.</i>	
			<i>No Violations on this inspection</i>	
			<i>www.SFHcorp.com / 888-793-5136</i>	
			<i>The above information for Certified Food Handler w/ proctor & valid 5 yrs..</i>	

Received by (name and title printed): <i>Steve OWNER</i>	Inspected by (name and title printed): <i>Drew Small / Scott Kikenda</i>
Received by (signature):	Inspected by (signature): <i>Drew Small FST / Scott Kikenda FST</i>
cc:	cc: