



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

State Form 48669 (R2/2-05)
SFHLE Form 51-0001

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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>Gas City Brewing Co</i>	Telephone Number () Establishment <i>765-573-6515</i>	Date of Inspection (mm/dd/yr) <i>2-14-15</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>252 Main St, Gas City</i>			
Owner <i>Sgt & Susan Miller</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>_____</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Sample</i>	Summary of Violations: <i>_____</i>		
Person in Charge <i>John</i>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail <i>_____</i>	Menu Type (See back of page)		
Certified Food Handler <i>N/A</i>	1 <u>X</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):

Inspected by (name and title printed):

Business (cont.)

THURSDAY

cc:

cc:

cc2