



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**

**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>Brian & Bill</i>	Telephone Number () Establishment <i>715380-0137</i> Owner	Date of Inspection (mm/dd/yr) <i>1/24/2527</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>407 W Washington St, Fairmount</i>			
Owner <i>Joan Howard</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P-F-N</i>		
Person in Charge <i>John</i>	Menu Type (See back of page) <i>1</i>		
Responsible Person's E-mail <i>None</i>			
Certified Food Handler <i>Pauleen Jones</i>	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
	<i>12/3/24</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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: