



## 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 <u>Brauer Grill</u>	Telephone Number Establishment Owner <u>765</u> <u>101</u>	Date of Inspection (mm/dd/yr) <u>2/21/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>407 W. Washington St., Fairmount</u>	<u>3800137</u>		
Owner <u>Joan Howard</u>	Purpose: <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> 1. Routine</li><li><input type="checkbox"/> 2. Follow-up</li><li><input type="checkbox"/> 3. Complaint</li><li><input type="checkbox"/> 4. Pre-Operational</li><li><input type="checkbox"/> 5. Temporary</li><li><input type="checkbox"/> 6. HACCP</li><li><input type="checkbox"/> 7. Other (list) <u></u></li></ul>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>Same</u>		Summary of Violations:	
Person in Charge <u>Joan</u>		<u>C</u> <u>NC</u> <u>R</u>	
Responsible Person's E-mail <u></u>		Menu Type (See back of page)	
Certified Food Handler <u>Pauden Jones</u>	<u>12/3/24</u>	1 <u>  </u> 2 <u>  </u> 3 <u>X</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)

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