



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>Grant County Rescue Mission</i>	Telephone Number (74) Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>423 S. Gallatin St.</i>	(662) 09 88	<i>3/31/25</i>	<i>27</i>
Owner <i>Board of Directors</i>	Purpose: <input checked="" type="checkbox"/> Routine	Follow-up <i>N</i>	Release Date <i>10 days</i>
Owner's Address <i>Same</i>	2. Follow-up	Summary of Violations:	
Person in Charge <i>Jane S</i>	3. Complaint	C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>	
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>Sean Brayle exp 5-2028</i>	5. Temporary	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	6. HACCP		
	7. Other (list) <i>_____</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):

Received by (name and title printed).
JAMES BURKHARD

Inspected by (name and title printed):

Inspected by (name and title printed)
David S. Sorkin

Received by Signature

Received by [signature]

Inspected by (signature):

Inspected by (signature):

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