



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**  
State Form 48669 (R2/2-05)

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**SDH Form 51-0001**

**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

7-26

**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>Brent County Rescue Mission</i>	Telephone Number (      ) Establishment <i>765</i> (      ) Owner <i>6620988</i>	Date of Inspection (mm/dd/yr) <i>8/19/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>203 So. Gallatin St., Marion, Maine</i>			
Owner <i>Brent County Rescue Mission</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>Sample</i>	Follow-up <i>NO</i>	Release Date <i>—</i>
Owner's Address <i>Sample</i>	Summary of Violations: <i>5 NC 0 R</i>		
Person in Charge <i>James</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i>Sample</i>	1 <u>      </u> 2 <u>      </u> 3 <u>X</u> 4 <u>      </u> 5 <u>      </u>		
Certified Food Handler <i>Sean Broyles</i>	5/20/23		

- 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 BURKHART** **KITCHEN MANAGER**

Inspected by (name and title printed):

Received by (signature):

#### Instrumental music

cc:

CC:

CCG