



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>Breezy Pines</i>	Telephone Number () Establishment <i>998-8005</i>	Date of Inspection (mm/dd/yr) <i>4/10/25</i>	ID # <i>27</i>
Establishment Address (number and street, City, State, ZIP code) <i>5 E. Berry Ave., Island</i>			
Owner <i>William Sabrina Nixon</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>5ome</i>	Summary of Violations:		
Person in Charge <i>William Sabrina</i>	<input checked="" type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <i>None</i>	Menu Type (See back of page)		
Certified Food Handler <i>William Nixon</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<p>Spelling Hand Systems cleaned professional -</p> <p>→ Hair Receptacle/Band Guards</p> <p>Sanitization Buttons</p> <p>Remove tiles on floors - cracked/chipped → Needs to be smooth easy clean off</p> <p>*Locate Continue operations</p>	

Received by (name and title printed):

William Mixon (owner)

Inspected by (name and title printed) John

Received by (signature):

Received by (Signature):

Lesson 10: The Vowel Sounds

11384 (2004-05-14 10:45:00-0400) (100%)

CC:

CC

cc.