



**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-~~20~~, 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>Grounded</i>	Telephone Number <i>761-0632</i>	Date of Inspection <i>4-24-23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>138 W Main St., Jonesboro, GA</i>			
Owner <i>Kayla Poling</i>	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) <hr/></li></ul>	Follow-up <i>NO</i>	Release Date <i></i>
Owner's Address <i>Jonesboro, GA</i>	Summary of Violations: <i>P - pf 2 B -</i>		
Person in Charge <i>Mallory</i>	Menu Type (See back of page) <i>1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></i>		
Responsible Person's E-mail <i></i>			
Certified Food Handler <i>N/A</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):

(and title printed):  
Mallory Cheek

Inspected by (name and title printed):

Received by (signature):

re): Mallory Cheek

Entered by G. J. H. X

cc:

CC

CC