



**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>Hampton Tavern</i>	Telephone Number <i>(703) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2/6/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1502 N Baldwin</i>		() Owner	
Owner <i>Ketan Patel</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>Nil</i>	Release Date <i>18 days</i>
Owner's Address <i>Same</i>		Summary of Violations: <i>C - NC - R -</i>	
Person in Charge <i>Rash</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail			
Certified Food Handler <i>Rachel Cromwell exp 9/2025</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"

Section#	C/NC	R	Narrative	To Be Corrected By
			<i>No violations</i>	

Received by (name and title printed): <i>Patricia Young</i>	Inspected by (name and title printed): <i>Det. Long</i>
Received by (signature): <i>P Young</i>	Inspected by (signature): <i>Michael Pelt</i>
cc:	cc: