



## **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 <u>Harrison Family Farm</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr) <u>6-7-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>10453 E 400 S. Upland</u>			
Owner <u>Amie Harrison</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Amie Harrison</u>	Follow-up	Release Date
Owner's Address <u>Same</u>	Summary of Violations: <u>P - P - R -</u>		
Person in Charge <u>Amie Harrison</u>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <u>Amie Harrison 4-2025</u>	1 <input checked="" type="checkbox"/> 2 <input 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"

Received by (name and title printed):

Anna Harrison

Inspected by (name and title printed):

Inspected by (name and rank)  
*Joe Brown*

Received by (signature):

(Signature):

Inspected by (signature):

Inspected by (signature):

cc.

66

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