



**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 Hometown Express #3 | Telephone Number (765) 948-5544 | Date of Inspection 7-10-20 | ID # 27 |
| Establishment Address 216 N Main St Fairmount | | Follow-up no | Release Date 10 days |
| Owner Aaron Caudell | Purpose: <u>1. Routine</u> | Summary of Violations: C NC R | |
| Owner's Address 9651 S 100 W | 2. Follow-up | Menu Type (See back of page) 1 X 2 3 4 5 | |
| Person in Charge Betty Ward | 3. Complaint | | |
| Responsible Person's E-mail _____ | 4. Pre-Operational | | |
| Certified Food Handler N/A | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

• 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 | N | R | Narrative | To Be Corrected By |
|----------|---|---|---|----------------------------------|--------------------|
| | | | | No violations on this inspection | |
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| Received by (name and title printed): B WARD | Inspected by (name and title printed): Scott K Kendall |
| Received by (signature): <i>Betty Ward</i> | Inspected by (signature): <i>Scott Kendall</i> |
| cc: | cc: |