



**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>Jackie's Family Restaurant</i>	Telephone Number (76) Establishment <i>674-7509</i>	Date of Inspection (mm/dd/yr) <i>8-31-20</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>105 N. Harrisburg</i>	Owner <i>Jackie Ingle</i>	Follow-up <i>NI</i>	Release Date <i>10 days</i>
Owner's Address _____	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Person in Charge <i>Jackie</i>		Menu Type (See back of page) <i>1 2 3 4 5</i>	
Responsible Person's E-mail _____			
Certified Food Handler <i>Sherril Gilbert exp 5-2023</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/N/C	R	Narrative	To Be Corrected By
<i>295</i>	<i>C</i>		<i>1 lg black spoon hanging has dirt & food debris on it.</i>	<i>Removed</i>
<i>298</i>	<i>NC</i>		<i>Inside microwave dried food debris on the top/back</i>	<i>Today</i>
<i>295</i>	<i>NC</i>	<i>X</i>	<i>In the back - black stove has dried food debris on knobs and oven area.</i>	<i>Today</i>

Received by (name and title printed): <i>Jackie Ingle</i>	Inspected by (name and title printed): <i>Deann Smith BSA</i>
Received by (signature): <i>Jackie Ingle</i>	Inspected by (signature): <i>Deann Smith</i>
cc:	cc: