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 Jackies Family Restaurant	**Telephone Number** 765 Establishment 674-7509	**Date of Inspection** *(mm/dd/yr)* 1-9-20	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 105 N Hamburg Gas City			
Owner Jackie Fugle	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 100 W. N. Gas City	2. Follow-up 3. Complaint	**Summary of Violations:** C 1 NC 1 R —	
Person in Charge Jackie	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1 2 3 4 5	
Certified Food Handler Sherri Galbreath 9/2023 exp			

- **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
191	C		Inside refrigerator chili stored with a date of 1-1-19 As In date.	Removed
295	NC		In back of Kitchen b/back stove is soiled on outside, OPEN AREA w/ dried food & debris	Today

Received by *(name and title printed)*: Jackie Dugle Owner	Inspected by *(name and title printed)*: Dean Small FSP
Received by *(signature)*: Jackie Dugle	Inspected by *(signature)*: Dean Small FSP

cc:	cc:	cc: