



# 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 <b>Jemmy Johns</b>		Telephone Number ( <b>765</b> ) <b>673-0460</b>	Date of Inspection (mm/dd/yr) <b>5/1/25</b>	ID # <b>27</b>	
Establishment Address (number and street, city, state, ZIP code) <b>1610 W Kem Rd, Marion</b>		Owner <b>Goantz franchise holdings</b>	Follow-up <b>NO</b>	Release Date <b>10 Days</b>	
Owner's Address <b>Same</b>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Summary of Violations: C <input checked="" type="checkbox"/> NC <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>		
Person in Charge <b>Matt</b>			Menu Type (See back of page) 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Responsible Person's E-mail _____					
Certified Food Handler <b>Sara Rudbitt</b>					
* CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" * VIOLATIONS 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
			<b>no violations</b>		
Received by (name and title printed): <b>Matt Koontz</b>			Inspected by (name and title printed): <b>[Signature]</b>		
Received by (signature): <b>[Signature]</b>			Inspected by (signature): <b>[Signature]</b>		
cc:		cc:		cc:	