



**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>Jimmy Johns</i>		Telephone Number (<input checked="" type="checkbox"/> Establishment <input type="checkbox"/> Owner) <i>765-673-0460</i>	Date of Inspection (mm/dd/yr) <i>5/1/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, zip code) <i>1610 W. Kemper Marion</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>2/3/21</i>	Follow-up	Release Date <i>NO 10 Days</i>
Owner <i>Koontz franchise holdings</i>			Summary of Violations:	
Owner's Address <i>300 E. Sample</i>			<i>C NC R</i>	
Person in Charge <i>Matt</i>			Menu Type (See back of page)	
Responsible Person's E-mail <i>laura.hodgkiss@jimmyjohns.com</i>			<i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Laura Hodgkiss</i>				
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTION(S) ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>				
Section#	C/NC	R	Narrative <i>No Violations</i>	To Be Corrected By
Received by (name and title printed): <i>Matt Koontz</i>			Inspected by (name and title printed): <i>John M. Umhoefer</i>	
Received by (signature): <i>Matt Koontz</i>			Inspected by (signature): <i>John M. Umhoefer</i>	
cc:		cc:	cc:	