



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>Joe's Joes</i>	Telephone Number (<i>763-328-8920</i>)	Date of Inspection (<i>4/23/25</i>)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>428 So. Washington St, Marie</i>	Establishment Owner <i>James Bennett</i>	Owner <i>James Bennett</i>	
Owner <i>James Bennett</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i></i>	Follow-up <i>No</i>	Release Date <i>10 Days</i>
Owner's Address <i>James Bennett</i>	Summary of Violations:		
Person in Charge <i>James Bennett</i>	C <u>1</u> NC <u>3</u> R <u> </u>		
Responsible Person's E-mail <i></i>	Menu Type (See back of page)		
Certified Food Handler: <i>James Bennett</i>	12/12/24	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>	

- 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
229	C		Ice Machine on inside top has dark debris	today
310	NC		Dust on heat exchanger Agave - needs cleaned	
257	NC		No thermometer	
199	NC		Improper thawing of hamster cage - has to be thawed in cold running water or refrigerated area Night	

Received by (name and title printed):

Received by (name and title printed):
James E Bennett

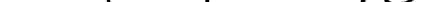
Inspected by (name and title printed):

inspected by (name and title printed): WAC GAYNOR Colleen

Received by (signature):

Received by (signature): 

Interpreted by [Omar](#)

cc: 

CC

CC

cc