



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>Wm Morris Baked Goods</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>4/12/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1009 E. South St.</i>	Purpose: <input type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <i>8/16/24 issued</i>		
Owner <i>Margie Burbank</i>	Follow-up <i>NO</i>	Release Date <i>100 Days</i>	Summary of Violations: <i>C NC R</i>
Owner's Address <i>same</i>	Menu Type (See back of page) <i>1 2 X 3 4 5</i>		
Person in Charge <i>Margie Burbank</i>			
Responsible Person's E-mail <i>_____</i>			
Certified Food Handler <i>Margie Burbank</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"

Received by (name and title printed):

Received by (name and title printed):
Margen Dubois

Inspected by (Signature and title printed):

inspected by (name and title printed): Wincey Colman

Received by (signature):

Received by (signature):

inspected by W. G. M. M. W.

inspected by John J. Murphy 10/10/00

cc;

CC:

CC: