



**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>Memmes 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 A. St.</i>					
Owner <i>Margan Burbank</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>8/16/24 issue</i>	Follow-up <i>No</i>	Release Date <i>10/10/24</i>	
Owner's Address <i>Same</i>			Summary of Violations: C <input type="checkbox"/> NC <input type="checkbox"/> R <input type="checkbox"/>		
Person in Charge <i>Margan Burbank</i>			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 <i>Margan 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"					
Section#	C/NC	R	Narrative		To Be Corrected By
			<i>No violations</i>		
Received by (name and title printed): <i>Margan Burbank</i>			Inspected by (name and title printed): <i>Ainsley M. Callam</i>		
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i> 7810		
cc:		cc:		cc:	