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 Mississinewa Cigar Co	**Telephone Number** ( ) Establishment ( ) Owner 573-6331	**Date of Inspection** *(mm/dd/yr)* 3-1-24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 1038 E Main St			
Owner Mississinewa Cigar Co	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner's Address Same		**Summary of Violations:** C – NC 1 R –	
Person in Charge Robert			
Responsible Person's E-mail		**Menu Type** *(See back of page)* 1 X 2 3 4 5	
Certified Food Handler Josh Michaud iss 4/2021			

- 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
430	NC		+/- 8 ceiling tile stained brown	60 days

Received by (*name and title printed*): Robert D. Wright

Received by (*signature*): Robert D. Wright 3/1/24

Inspected by (*name and title printed*): April Loggie FS/O

Inspected by (*signature*): April Loggie

cc: | cc: | cc: