



**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 Palace Bar	Telephone Number () 785	Date of Inspection (mm/dd/yr) 2-10-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 101 So. Main St, Fairmount	() Owner 661-9679		
Owner Robert & Debra Varkis	Purpose: 1. Routine	Follow-up	Release Date NO 10 days
Owner's Address Same	2. Follow-up	Summary of Violations:	
Person in Charge Karen	3. Complaint	C 1	NC 1
Responsible Person's E-mail _____	4. Pre-Operational	R —	
Certified Food Handler Robert Varkis	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1 2	X 3
	7. Other (list) 12/21/23	4 5	

- 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
229	C		Ice machine has black residue on inside - needs cleaned	ASAP
399	NC		Damage - ceiling above ice machine - *looks like a water leak	

Received by (name and title printed):

(Name and title printed):
Karen Watson

Inspected by (name and title printed)

Received by (signature):

Received by (signature):

Inspection by _____

Entered in C.R. by [Signature]: John G. Cullen 7510

cc:

CC7

cc: