



# 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 <b>Palace Bar</b>	Telephone Number ( ) Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <b>121 S Main St Fairmount</b>	( ) Owner <b>948-9102</b>	<b>3/20/24</b>	<b>27</b>
Owner <b>Bob Voorhis</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>Fairmount, In</b>	2. Follow-up	Summary of Violations:  C <u>  </u> NC <u>  </u> R <u>  </u>	
Person in Charge <b>Jessica</b>	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)  1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>	
Certified Food Handler <b>Bob Voorhis 5/10/2022</b>	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			<b>NO VIOLATIONS</b>	

Received by (name and title printed): <b>Jessica Hodson</b>	Inspected by (name and title printed): <b>April Legare FS10</b>
Received by (signature): <b>Jessica Hodson</b>	Inspected by (signature): <b>April Legare</b>
cc:	cc: