



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 Papa's Smokehouse	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) 505 W. Main St. Las Vegas	5-12-25 27		
Owner Timothy Simmonds	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Timothy Simmonds	Follow-up	Release Date
Owner's Address	Summary of Violations:		
Person in Charge Timothy Simmonds	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail	Menu Type (See back of page)		
Certified Food Handler Debbie Shaffer exp 9-23-25	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

- 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):
Kita Hutton

Inspected by (name and title, if applicable, printed):

Inspected by (name and title) 

Received by (signature):

Inspected by (signature):

Inspected by (signature):  Dennis Smith PFO

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