



**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 <u>Phil &amp; Cheryl's Grill</u>	Telephone Number <u>765</u> Establishment	Date of Inspection <u>mm/dd/yr</u>	ID #
Establishment Address (number and street, city, state, ZIP code) <u>800 E Main St</u>	<u>674</u> Owner <u>6011</u>	<u>3-5-25</u>	<u>27</u>
Owner <u>Miles Leffler</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date <u>10 days</u>
Owner's Address <u>GAS City</u>	Summary of Violations: <u> </u>		
Person in Charge <u>Debbie</u>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail <u> </u>	Menu Type (See back of page)		
Certified Food Handler <u> </u>	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): <i>Debbie Kern</i>	Inspected by (name and title printed): <i>Dean Lynn</i>	
Received by (signature): <i>Debbie Kern</i>	Inspected by (signature): <i>Dee Lynn</i>	
cc:	cc:	cc: