



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 <i>Piggy Tailz Pork Rinds</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>3310 E. 350 S. Bluffton IN 46714</i>	<i>4/12/25 27</i>		
Owner <i>John & Chandra Petro</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/>	Follow-up <i>No</i>	Release Date <hr/>
Owner's Address <i>3310 E. 350 S. Bluffton IN 46714</i>	Summary of Violations: <i>C NC R</i>		
Person in Charge <i>John Petro</i>	Menu Type (See back of page)		
Responsible Person's E-mail	<hr/>		
Certified Food Handler <i>John Petro</i>	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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):

John Petro

Inspected by (name and title printed):

inspected by (name and title printed):

Received by (signature):

Received by (Signature): *John Petrie*

Inspected by (signature):

Inspected by (signature):
 John Pearson II

CC:

CC

CC