



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>Rustic Table LLC</i>	Telephone Number () Establishment () Owner <i>765-524-2005</i>	Date of Inspection (mm/dd/yr) <i>5/22/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>8739 E 630 N, Wilkinson, IN</i>			
Owner <i>Jessica Miller & Dana Cox</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>1</i>	Follow-up	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Summary of Violations: <i>P F R</i>		
Person in Charge			
Responsible Person's E-mail <i>—</i>	Menu Type (See back of page)		
Certified Food Handler <i>Dana Cox</i>	3/4/25	1 2 3 4 5	X

- 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):

Inspected by (name and title printed):

Received by *Signature*

Inspected by (signature)

cc:

CC:

CC