



## **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>Jacobs Don Blvd 102</u>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr) <u>4/24/28</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1504 Mason Blvd</u>	Purpose:  1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Doris Santillan</u>	Follow-up	Release Date
Owner <u>Doris Santillan</u>	Summary of Violations:  <u>C NC R</u>		
Owner's Address <u>Same</u>	Menu Type (See back of page)		
Person in Charge <u>Doris Santillan</u>			
Responsible Person's E-mail			
Certified Food Handler <u>Doris Santillan</u>	1 <u>2</u> <u>3</u> <u>4</u> <u>5</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):  
Oscar Santillan

Inspected by (name and title printed): *John*

Inspected by (name and title)

Received by (signature):

Received by (signature): 

Scanned by 

Inspected by (signature): 

cc\*

907

88