



**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>The Branch</u>	Telephone Number (   ) <u>705</u> (   ) <u>3830274</u>	Date of Inspection (mm/dd/yr) <u>7/14/25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>158 S Main St, Fairmount</u>			
Owner <u>Fairmount Wesleyan Church</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>None</u>	Follow-up <u>NC</u>	Release Date <u>10 Days</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>PC NC R</u>		
Person in Charge <u>Michael</u>	Menu Type (See back of page) 1 <u>  </u> 2 <u>  </u> 3 <u>X</u> 4 <u>  </u> 5 <u>  </u>		
Responsible Person's E-mail <u>  </u>			
Certified Food Handler <u>N/A</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"

P = Priority = critical  
PF = Priority Foundation = ASAP  
C = core = non critical

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

### Integrated hydrogeology

CC:

CC7

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