



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 Confessions</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>6-6-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>1085. Main Street</u>			
Owner <u>Glennwood Christian Church</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u>Megan Kingma</u>	Follow-up	Release Date
Owner's Address <u>304 Main Street</u>	Summary of Violations: <u>P - P - R</u>		
Person in Charge <u>Megan Kingma</u>	Menu Type (See back of page)		
Responsible Person's E-mail			
Certified Food Handler <u>N/A</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):

signed by (name and title printed).
Megan Kaufman

Inspected by (name and title printed):

inspected by (name and date)

Received by C. J. (1-1)

(signature):  cc:

John Smith

Inspected by (signature) 

CC:

CC

100