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: The Branch	Telephone Number: ( ) Establishment; (765) Owner 380 0274	Date of Inspection (*mm/dd/yr*): 9/16/24	ID #: 27
Establishment Address (*number and street, city, state, ZIP code*): 108 So. Main St. Fairmount			
Owner: Fairmount Wesleyan Church	Purpose: 1. Routine (circled); 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*)	Follow-up: NO	Release Date: 10 Days
Owner's Address: same		Summary of Violations: C___ NC___ R___	
Person in Charge: Jared			
Responsible Person's E-mail: —		Menu Type (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: NA			

- 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No Violations	

Received by (*name and title printed*): Jared Kaufman	Inspected by (*name and title printed*): Angela Blackburn
Received by (*signature*): Jared Kaufman	Inspected by (*signature*): [signature] 15/S
cc:	cc: