



**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>The Barnich</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>3/15/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1085 Main St</i>	<i>380-0274</i> Owner		
Owner <i>First Baptist Wesleyan Church</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address	2. Follow-up	Summary of Violations:  <i>C</i> / NC / R	
Person in Charge	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>N/A</i>	5. Temporary	1 ___ 2 ___ 3 <input checked="" type="checkbox"/> 4 ___ 5 ___	
	6. HACCP		
	7. Other (list)		

- 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
<i>191</i>	<i>C</i>		<i>The following food items in cooler with use by date of -</i>	
			<i>1) 2 bags of dried Ham use by 3-17</i>	
			<i>2) 1 baggie chicken use by 3-13</i>	

Received by (name and title printed): <i>Michaela Stevens</i>	Inspected by (name and title printed): <i>Debra Smith</i>
Received by (signature): <i>Michaela Stevens</i>	Inspected by (signature): <i>Debra Smith</i>

cc:	cc:	cc:
-----	-----	-----