



**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>Julie's Wagon</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>5/3/23</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>310 E South St. Goshen</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (see narrative) <i>Follow-up</i>	Follow-up <i>NO FOLLOW UP</i>	Release Date <i>5/10/23</i>
Owner <i>Naomi Miller</i>	Summary of Violations: <i>C NC R</i>		
Owner's Address <i>Same</i>	Menu Type (See back of page) <i>1 2 3 4 5</i>		
Person in Charge <i>Naomi Miller</i>	<i>Signature</i>		
Responsible Person's E-mail			
Certified Food Handler <i>Naomi Miller</i>			
<p>• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"</p> <p>• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"</p>			
Section#	C/NC	R	Narrative
			<i>No Violations</i>
Received by (name and title printed): <i>Andy Miller</i>	Inspected by (name and title printed): <i>Andy Miller</i>		
Received by (signature): <i>Andy Miller</i>	Inspected by (signature): <i>Andy Miller</i>		
cc:	cc:	cc:	