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: Palace Bar	Telephone Number: ( ) Establishment; (765) 661-9679 ( ) Owner	Date of Inspection (mm/dd/yr): 9/18/24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 121 So. Mount St., Fairmount			
Owner: Bob Voorhis	Purpose: 1. Routine	Follow-up: NO	Release Date: 10 Days
Owner's Address: Same	2. Follow-up	Summary of Violations:	
Person in Charge: Karen	3. Complaint	C 1 NC 1 R —	
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler: Bob Voorhis 5/22	5. Temporary	Menu Type (See back of page)	
	6. HACCP	1 ___ 2 X 3 ___ 4 ___ 5 ___	
	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
295	C		Ice Machine has black debris on inside where ice touches	Today
295	NC		Mold around seal on refrigerator/freezer	

Received by (name and title printed): Karen Watson	Inspected by (name and title printed): Angela R. McCallum
Received by (signature): Karen Watson	Inspected by (signature): Angela R. McCallum RS10
cc:	cc:
	cc: