



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>Iron Skillet Pancake House</i>	Telephone Number 707 Establishment (707) 573-4121	Date of Inspection (mm/dd/yr) 4-29-25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 406 E 4th St.			
Owner <i>Socrates Montana</i>	Purpose: 1. Routine 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 <i>SPMK</i>	Summary of Violations: C <u> </u> NC <u>3</u> R <u>1</u>		
Person in Charge <i>Frank</i>	Menu Type (See back of page)		
Responsible Person's E-mail _____	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Certified Food Handler <i>Socrates Montana Pne 7-2025</i>			

- 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):

ived by *name and title printed*):

Inspected by (name and title printed):

Inspected by (name and title print)

Received by (signature):

ved by (signature):

Entered by (signature):

Inspected by (signature):  Allen Hall PSF

cc

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