



**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 <u>Stainless Jams Coffees</u>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <u>P.O. Box 6192 Griffith</u>	<u>7/3/25</u> <u>27</u>		
Owner <u>Jim Valderr</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____	Follow-up	Release Date
Owner's Address <u>226 W. Wilmington Camp</u>	Summary of Violations: <u>P</u> <u>NC</u> <u>R</u>		
Person in Charge <u>Jim Valderr</u>	Menu Type (See back of page)		
Responsible Person's E-mail _____	1 <u>✓</u> 2 _____ 3 _____ 4 _____ 5 _____		
Certified Food Handler <u>Jim Valderr</u>			

- 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):

ed by (name and title printed):
Corryn Geheb

Inspected by (name and title printed):

Inspected by (name and title printed):
Kyle Kellogg / Food Inspector

ed by (signature):

Inspected by (signature)

Inspected by (signature):


cc.

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