



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 | Village Pantry \$5579 | | |
| Establishment Address (number and street, city, state, ZIP code) | 150 West St., Saugerties | | |
| Owner | Village Pantry, LLC | | |
| Owner's Address | Samuel Knutson | | |
| Person in Charge | Knutson | | |
| Responsible Person's E-mail | | | |
| Certified Food Handler | Julie Bauer 2/8/23 | | |
| Telephone Number | 345 | Date of Inspection | 2/13/25 |
| () Establishment | () Owner | ID # | 27 |
| Purpose: | | Follow-up Release Date | |
| <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | | NO 100 days | |
| Summary of Violations: | | | |
| C ___ NC ___ R ___ | | | |
| Menu Type (See back of page) | | | |
| 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ | | | |

- 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):

Hurstpin Haworth

Inspected by (name and title printed)

Inspected by (name and title printed).

Inspected by (signature). 1310

Received by (signature):

Received by (Signature):
Kurti Haefl

Inspected by John D. Williams

Inspector's signature: 

cc:

CCS

CC: