



**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>Village Pantry LLC</i>	Telephone Number (717) 948-3378	Date of Inspection (mm/dd/yr) <i>1/14/25</i>	ID # <i>27</i>	
Establishment Address (number and street, city, state, ZIP code) <i>150 West 8th St., Fairmount</i>				
Owner <i>Village Pantry LLC</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>William Hellierbran</i> 	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>Same</i>	Summary of Violations: <i>P NC R /</i>			
Person in Charge <i>William</i>	Menu Type (See back of page)			
Responsible Person's E-mail <i></i>				
Certified Food Handler <i>William Hellierbran</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"

Section#	C/NC	R	Narrative	To Be Corrected By
306(a)C			<p>The following No Food Contact Area applies with Oily food and other Oils</p> <ol style="list-style-type: none"> 1. Food Grade equipment 2. Clean Tops and Tables 3. Inside microwave - customer service area 	Today

P - Priority = Critical
PF - Priority foundation = ASAP
C - Core = Non Critical

Received by (name and title printed):

William H. Hebard

Inspected by (name and title printed)

Received by (signature):

Received by (Signature):

Inspected by (signature):

Inspected by (signature):

CC:

CC

CC

Grant County Health Department

Phone 765-651-2401 ext 3111 / 3123
Fax 765-651-2419

Date: 7-14-25

765-651-2401 (Phone) 765-651-2419 (Fax)
Grant County Health Department
401 South Adams Street
Marion, IN 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT, BY MAIL OR BY FAX, WITHIN TEN (10) DAYS.

The following is my response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Angela McCollum on 7-14-25

DATE ACTION TAKEN

7-14-25 Cleared Hood + Vents above fryer.

7-14-25 Cleared Confection oven + table.

7-14-25 Cleared out customer microwave.

(Please forward this form to the Grant County Health Department by Mail / Fax with 10 days)

Name Erik Vorhis Title Kitchen Manager

Establishment Village Pantry

Address 150 W 8th St. Fairmount, IN

Attach additional sheets as needed.