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	**Telephone Number** ( ) Establishment	**Date of Inspection** (*mm/dd/yr*) 9/11/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 150 West 8th St., Fairmount	( ) Owner 765 948 3378		
Owner Village Pantry, LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 Days
Owner's Address same	2. Follow-up	**Summary of Violations:**	
Person in Charge Shannon	3. Complaint	C____ NC____ R____	
Responsible Person's E-mail —	4. Pre-Operational		
	5. Temporary	**Menu Type** *(See back of page)*	
Certified Food Handler Shannon Perry Issued 2/24	6. HACCP		
	7. Other (*list*) _____	1____ 2____ 3 X 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			NO Violations	

Received by (*name and title printed*): Shannon Perry	Inspected by (*name and title printed*): Amanda Collum
Received by (*signature*): Shannon Perry	Inspected by (*signature*): Amanda Collum 7510
cc:	cc: / cc: