



## 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</i>	Telephone Number 768 Establishment <i>674-7048</i>	Date of Inspection (mm/dd/yr) <i>1-24-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6296 E 560 South</i>			
Owner <i>Village Pantry LLC</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>LISA</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>Richmond VA</i>	Summary of Violations:		
Person in Charge	<input type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <i>—</i>	Menu Type (See back of page)		
Certified Food Handler <i>Scott Kline 12-2023</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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):

Timothy Scott "Elmer" Jr.

Inspected by (name and title printed):

inspected by (name and title)  
Debra Lee

Received by (signature):

ed by (signature):

Inspected by (signature)

Inspected by (signature)

CC:

CC

CC