



**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>Village Pantry #5636</u>	Telephone Number (765) Establishment (674-1040) Owner	Date of Inspection (mm/dd/yr) <u>9/8/25/27</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>696 E. 300 S., Des Moines, IA</u>			
Owner <u>Village Pantry, LLC</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>NO</u>	Release Date <u>10 Days</u>
Owner's Address <u>Same</u>	Summary of Violations:		
Person in Charge <u>Justin</u>	<u>P</u> <u>PC</u> <u>R</u>		
Responsible Person's E-mail <u> </u>	Menu Type (See back of page)		
Certified Food Handler <u>Sarah Johnson</u>	1 <u>X</u> 2 3 4 5		
	12/27/23		

- 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):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

CC:

cc: