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 Pop's Snacks Center City Convenience	**Telephone Number** ( ) Establishment ( ) Owner 765-243-2595	**Date of Inspection** (mm/dd/yr) 5-8-17	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 117 E 16th Street, Marion			
Owner David & Jacqueline Scott	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up** NO	**Release Date** 10 days
Owner's Address 1601 W 8th Street, Marion		**Summary of Violations:** C 0 NC 0 R 0	
Person in Charge David Scott			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 X 2 3 4 5	
Certified Food Handler N/A			

- 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 at this inspection	
			Notes:	
			Owner took out the wall to the left of the store and added a	
	C		~~ice cream freezer~~ cooler. Going to install Vinyl flooring in this area.	30 days

Received by (*name and title printed*): DAVID A. Scott owner

Received by (*signature*): David A. Scott

Inspected by (*name and title printed*): Traci Little / FSIO

Inspected by (*signature*): Traci Little / FSIO

cc: | cc: | cc: