# 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** Witters Bull Pen | **Telephone Number** (765) 998-7734 Establishment ( ) Owner | **Date of Inspection** (mm/dd/yr) 6-26-17 | **ID #** 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*) 056 N Main St. Upland | | | |
| **Owner** Kris / Tammy Witt | **Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) | **Follow-up** NO | **Release Date** 7-5-17 |
| **Owner's Address** 3631 W Delphi Pike Marion | | **Summary of Violations:** C — NC 1 R — | |
| **Person in Charge** Tiffany Miller | | | |
| **Responsible Person's E-mail** N/A | | **Menu Type** (*See back of page*) 1 2 3 ✓ 4 5 | |
| **Certified Food Handler** Tammy Witt ISS 11-10-16 | | | |

• 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 |
|---|---|---|---|---|
| 430 | NC | | THERE IS A HOLE IN FLOOR OF WALK-IN COOLER, AND FLOOR NEEDS TO BE FIXED / REPLACED | 30 DAYS |

| | |
|---|---|
| Received by (*name and title printed*): X Tiffany Miller | Inspected by (*name and title printed*): [signature] - FSD / Tracy Little |
| Received by (*signature*): X [signature] | Inspected by (*signature*): [signature] Tracy Little |
| cc: | cc: |