



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.

Form with fields: Establishment Name (WITERS BULL PEN), Telephone Number (765 998 7734), Date of Inspection (5-3-18), ID # (27), Establishment Address (056 N MAIN ST. UPLAND IN), Owner (KRIS/TAMMY WITT), Owner's Address (3631 W DEPHI PIKE MARION), Person in Charge (TAMMY WITT), Responsible Person's E-mail (N/A), Certified Food Handler (TAMMY WITT ISSUED 11-12-16), Purpose (1. Routine), Follow-up (NO), Release Date (5-13-18), Summary of Violations (C NC R), Menu Type (1 2 3X 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'NO VIOLATIONS AT THIS INSPECTION'

Received by (name and title printed): TAMMY R WITT
Received by (signature): [Signature]
Inspected by (name and title printed): ROALE CARROLL - INSPECTOR / DEAN SMITH - 520
Inspected by (signature): [Signature]