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	Telephone Number	Date of Inspection (mm/dd/yr)	ID #
Yeakles Sports Bar	765 Establishment	11-1-98	27
Establishment Address (number and street, city, state, ZIP code)	662-3217 Owner		
3022 S WAShington St			

Owner	Purpose:	Follow-up	Release Date
Wesley Yeakle	1. Routine	No	10 days
Owner's Address	2. Follow-up	**Summary of Violations:**	
3240 S. Overman St Marion	3. Complaint		
Person in Charge	4. Pre-Operational	C ___ NC __1__ R ___	
Micah Yeakle	5. Temporary	**Menu Type** (See back of page)	
Responsible Person's E-mail	6. HACCP		
N/A	7. Other (list)	1 ___ 2 ___ 3 __X__ 4 ___ 5 ___	
Certified Food Handler			
Micah Yeakle exp 1-2023			

• 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
295	NC	1)	Aluminum foil soiled w/ old food debris Needs replaced.	
		2)	Exterior of microwave soiled w/ food.	

Received by (name and title printed):	Inspected by (name and title printed):
Micah Yeakle	Dean Small FSP
Received by (signature):	Inspected by (signature):
cc:	cc:
	cc: