

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION

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.

Establishm	ent Name		1012	Telephone Number	Date of In (mm/dd/yr	aspection (D#	
TIK	1 1	ut	- / Cool BEANS	765 ESA 18 16 17 2	(mm/uwyi	9	
111 2 12			mber and street, city, state, ZIP code) Surgfon 5t. Faremount	() Owner	3-2	3-17 27	
116							
Owner	21		Propagation of	Purpose:	Follow-u	Release Date 4-2-17	
			R WATTHOWS	1. Routine			
UNIEFSA	uaress) IAA	, PAINTBRUSK CR - PAYSON AZ	2. Follow-up	Summary of Violations:		
Person in C		7 (0	-	3. Complaint	C	NC R	
	1550	inc	Iva Beals	4. Pre-Operational		_ 110 1	
Responsibl	e Person's	E-ma	NA	5. Temporary 6. HACCP	Menu Ty	ype (See back of page)	
	hult 4s		7. Other (list)	·V			
Certified F	345						
• CRITICAI	L ITEMS AR	RE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS M	IARKED "C"			
• VIOLATIO	ON(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE	NARRATIVE BELOW AS "R"	
Section#	C/NC	R	Narrative			To Be Corrected By	
798	NC		INTERIOR OF AMANA	MICROWAVE	15	TODAR	
	15	G-3	Sor less wind dried food	debres.	amlife d	8 25 390	
1	TOTAL 10	TALE	for the less enducates as as as as	land that we have my to the term	man (d)	to Special Part 1	
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	ant with	10,00	The substitute of the Colonia and the second state of the second of the	india a responsibili por a se in a se			
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Received by (name and title printed): Inspected by (name and title printed):							
< Cossandra Benk Rale Cam - FSIO							
Received by (signature): Inspected by (signature)							
"Cassandra Boals Kleekly- FSIO							
cc: Cc: Cc:							



GRANT COUNTY HEALTH DEPARTMENT

Phone Fax	765-651-2401 765-651-2419	
		DATE: 3.23.17
401 S	County Heal Adams St. In, IN. 46953	th Department
PLEAS DAYS.	E SEND YOUR RE	SPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10
The fol l R.Da	lowing is a respor le Carr-FSIO	nse to the inspection report prepared by the Health Department Food Safety Officer from the Grant Co. Health Department on 3-23-17.
DATE:		Action Taken:
3.2 Mich Nee Nig Ney	3.17-Afte cowave. A cd to have nt when A Wusine	er Dale left I throughly Cleaned the Iso talked to each employer about how we it wipped after each use and every we are closing shop & prepare for the ass day.
Establis	of Respondent:	Caspandra Ballsitle: Manager bol Beans
Addres	s: 110 M.	Washington, St. Fairmount, IN 46928

Attach additional sheets as needed.