

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

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

GRANT COUNTY HEALTH DEPT.

Utihadawa simeet

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 ID #
THE BRANCH	765 380m0274	(mm/dd/yr)
Establishment Address (number and street, city, state, ZIP code)	() Owner	4-28-17 27
108 S. MAIN ST. FAIRMOUNT	, ,	, 98 1 1
Owner	Purpose:	Follow-up Release Date
FAIRMOUNT WESLEYAW	1. Routine	No 5-7-17
	2. Follow-up	Summary of Violations:
304 N WAZNUT ST. FAIRMOUT	3. Complaint	
Person in Charge	4. Pre-Operational	C NC R
JEFFERY MCNUH	5. Temporary	Many Trans (Carlos kask of page)
Responsible Person's E-mail	6. НАССР	Menu Type (See back of page)
	7. Other (list)	1 2 4 3 4 5
Certified Food Handler SEPTERY MYDH 15905 11 19/16 SEPTERY MYDH 500 11 19/16	5-6-17	1
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"		
• CRITICAL TEMS ARE IDENTIFIED IN THE CHECKLIST AND WARRATTY E CODOMING WINDLESS • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"		
		To Be Corrected By
Sectionis Cive R	ALL BACK	BELORE
JORES STORY TO WAR, ALL WITE		00 40kg
180ARD NEGOS SEALED	BOARD NEWDS SEALED (CAULKED) OPENING	
may 6 2017		
- Both BACK DOORS AND RESTROOM DOORS		
NEED SELF CLOSURE DEVICES OR		
ADJUST SO they close		
04x 70 0 pen May 6th 2017		
SV 13 SP SV T ST S		
	- Lagy - Janes	
Provinced by (a give god title printed):	Inspected by (name and tifle p	rinted):
Received by (name and title printed): Inspected by (name and title printed): OFFICE MENUTE Manager Inspected by (name and title printed): OFFICE MENUTE Manager		
Received by (signature): Inspected by (signature):		
Received by (signature).		
cc:	1/7/1946	cc:
cc: / Cc:		