

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.

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Establishment Name				Telephone Number	Date of Inspection ID #	
THE TIME OUT TAVERN				(765- E 9到4ish例6127	(1111/14/31)	
Establishment Address (number and street, city, state, ZIP code) 110 E. Main Street/ P.O. Box 443 Van Buren, IN 46				991 Owner	8-3-17	
Owner Laurilyn Neal				Purpose:	Follow-up Release Date 8-13-17	
Owner's Address				2. Follow-up	Summary of Violations:	
8897 E. 100 S. Marion, IN 46953				3. Complaint	7 2	
Person in Charge				4. Pre-Operational	C NC R	
Monica Quick				5. Temporary		
Responsible Person's E-mail					Menu Type (See back of page)	
NLA				6. HACCP	J	
Certified Food Handler Laurilyn Neal				7. Other (<i>list</i>)	123\ldots 45	
• 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						
		K	1 1 1 1	1 20 11.		
245	NC		4-2 Soil GD wijong cloth	s setting o		
			DREP tables, ALSO Im.	a container on	Handsock (P133A)	
794	94 C NO SANITIZER MADE FOR SOILED TUDAY					
			wiping cloths			
138	NC		England una / C	20 K. 100 11 1711	OUT TUDAY	
150	NC		EmployEt WORKing COOKING WITHOUT TUDAY HAIR RESTRAINT / BEARD GUARD			
		HAIR RESTREAMN / DEATHOD GUARD				
			-			
				X		
Received by (name and title printed): Inspected by (name and title printed):						
× Najin J. Spayer Kgle (coll) - +970						
Received by (signature):						
X TAISY J. SPARKS						
cc: cc:						