

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.

The time limit for correction of each violation is specified in the narrative portion of this report.				
Establishment Name BEK ROOTBEER - GAS Coty			Telephone Number	Date of Inspection ID #
Establishment Address (number and street, city, state, ZIP code)			765 Establishment 674 4651	10/29/18 27
928 E- Min St. GAS Coly				
O	***************************************		Purpose:	Follow-up Release Date
BRIAN MORRIS			1. Routine	NO 11/8/18
Owner's Address			2. Follow-up	Summary of Violations:
308 E.S. "A" St. FAS Coty			3. Complaint	
Person in Charge			4. Pre-Operational	$\begin{bmatrix} c \otimes \\ NC \end{bmatrix} \begin{bmatrix} R \otimes \\ R \end{bmatrix}$
LISA GOMEZ			5. Temporary	
Responsible Person's E-mail			6. HACCP	Menu Type (See back of page)
NIA				6/
Certified Food Handler			7. Other (<i>list</i>)	12 \(\frac{1}{3}45 \)
LISA COMEZ				
• 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				To Be Corrected By
413	NC	BACK DOOR MS Ag	40 ATTUE Bottom	TODAY
' 2		OPEN TO OUTSIDE.		, , , , , , , , , , , , , , , , , , , ,
		offer to contribe:		
120	38 NC FARAGUAR DEFRAGE MA GOOD INVITUOUT A CORRECTED			
138	いじ	Employee preparing took without A corection		
		Employee preparing food without A CORRECTED HAIRRESTRAINT AND WITHOUT BEARD		
		GUAKO.		
795	NC	THE FLOOR BEHIND THE DEED FRYERS TODAY		
131		15 SOILED WITH DARK RESIDUE OF GREASE		
701		AND other Debres		
		AND OTHER WEDICES		
				,
Received by (name and title printed): Inspected by (name and title printed):				
PLISA GOMEZ Roale Care - Fito				
Received by (signature): Inspected by (signature):				
1x xxxx xxxx K/all/m +350				
cc: cc:				
,				