

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 <b>Chappy's Drive Thru</b>	Telephone Number <b>965</b>	Date of Inspection (mm/dd/yr) <b>11-13-18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>157 W. Main St Gas City</b>	Owner <b>Bo &amp; Robin Chapman</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>308 E. N. 'C' St. Gas City</b>	Purpose: <b>1. Routine</b>	Summary of Violations: <b>C 1 NC 1 R 1</b>	
Person in Charge <b>Bo (Brett)</b>	2. Follow-up	Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Responsible Person's E-mail <b>N/A</b>	3. Complaint		
Certified Food Handler <b>Gettano Dine</b>	4. Pre-Operational		
	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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"

[illegible]

Received by (name and title printed): <i>Brett Chapman</i>		Inspected by (name and title printed): <i>Denny Small FSP</i>	
Received by (signature): <i>Brett Chapman</i>		Inspected by (signature): <i>Denny Small FSP</i>	
cc:	cc:	cc:	

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 11-15-18

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr / Dean Small from the Grant Co. Health Department on 11-13-18.

DATE: Action Taken:

729c = Talked To All Employees About Hand washing before  
246 new Gloves on and Dispose of Gloves after use.

CFH Certificate = Signed up for Class Nov 28<sup>th</sup> 2018  
at State Fair Grounds. will ~~be~~ Be Taking Class then  
update will Follow after Class Taken.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Bo Chapman Title: owner

Establishment Name: Chappys Drive Thru Conv. Store

Address: 157 W Main St Gas City, IN 46933