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.

Establishment Name	Telephone Number	Date of Inspection (*mm/dd/yr*)	ID #
Gas City Brewing Co	( ) Establishment		
Establishment Address (*number and street, city, state, ZIP code*)	(765) Owner		
245 E Main St. Gas City	573-6545	8/27/24	27
Owner	**Purpose:**	**Follow-up** / **Release Date**	
Scott & Susan Miller	1. Routine	No / 10 days	
Owner's Address	2. Follow-up	**Summary of Violations:**	
Same	3. Complaint		
Person in Charge	4. Pre-Operational	C____ NC____ R____	
Vince	5. Temporary		
Responsible Person's E-mail	6. HACCP	**Menu Type** (*See back of page*)	
N/A	7. Other (*list*)		
Certified Food Handler		1 X 2 3 4 5	
N/A			

- 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
			No violations At this Time	

Received by (*name and title printed*):	Inspected by (*name and title printed*):
Vincent Sly	Kyle Kellogg
Received by (*signature*):	Inspected by (*signature*):

cc:	cc:	cc: