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 Jackie's Family Restaurant	**Telephone Number** ( ) Establishment 765 674 7509 ( ) Owner	**Date of Inspection** (*mm/dd/yr*) 1-15-25	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 105 N. Jefferson Ave., Gas City			
Owner Jackie Inglis	**Purpose?** 1. Routine	**Follow-up** NO	**Release Date** 10 days
Owner's Address 100 W. North A st., Gas City	2. Follow-up	**Summary of Violations:** —	
Person in Charge Jackie	3. Complaint	C___ NC 1 R___	
Responsible Person's E-mail —	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler Sherri Galbraith Exp 5/2028	5. Temporary	1___ 2___ 3 X 4___ 5___	
	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"

Section#	C/NC	R	Narrative	To Be Corrected By
295	NC		The following non critical items were observed: 1) Handles on coolers in kitchen need cleaned. 2) Wash buckets/dirty food debris on the side and back of prep table 3) Egg cooler outside has dark debris on top of inside	ASAP

Received by (*name and title printed*):

Received by (*signature*):

Inspected by (*name and title printed*): Angela Kay Collum

Inspected by (*signature*): Angela Collum #510

cc: | cc: | cc: