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

7-26

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: Mississinewa Cigar Co. LLC	**Telephone Number**: ( ) Establishment 765 573-6331 ( ) Owner	**Date of Inspection** (*mm/dd/yr*): 7/2/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 1038 E. Main St., Peoria	**Purpose**: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 Days
Owner: Mississinewa Cigar Co.		**Summary of Violations**: C___ NC___ R___	
Owner's Address: Same			
Person in Charge: Dennis		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Responsible Person's E-mail			
Certified Food Handler: Josh Michard 7/31/24			

- 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	

P - Priority / Critical
PF - Priority Foundation / ASAP
C - core / non critical

Received by (*name and title printed*): Dennis Roach Member	Inspected by (*name and title printed*): Angela Kyle McCollum
Received by (*signature*):	Inspected by (*signature*): 7/10
cc:	cc:
	cc: