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 Pappies Smokehouse	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 4/12/25	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 505 W. Main St. Gas City			
Owner Andrew Simmons	**Purpose:** 1. ~~Routine~~	**Follow-up** No	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Andrew Simmons	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2✓ 3___ 4___ 5___	
Certified Food Handler Jessica Shafer			

- 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 Violation	

Received by (*name and title printed*): AJ Simmons	Inspected by (*name and title printed*): John Pearson II
Received by (*signature*): AJ	Inspected by (*signature*): John Pearson II

cc:	cc:	cc: