



RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

316

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 <u>Gabriela's Cupcakes</u>		Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <u>4-13-24</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>120 E Main St Gas City</u>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. <u>Temporary</u> 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner <u>Gabriela Padua</u>		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Owner's Address		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		
Person in Charge <u>Gabriela Padua</u>				
Responsible Person's E-mail				
Certified Food Handler <u>Gabriela Padua</u>				

- 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
			<u>No violations</u>	

Received by (name and title printed): <u>Shirley Brown</u>	Inspected by (name and title printed): <u>Debra Dowd</u>
Received by (signature):	Inspected by (signature): <u>Debra Dowd</u>
cc:	cc: