



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.

Form header section containing: Establishment Name (Four House), Telephone Number (765 661 8832), Date of Inspection (8/12/24), ID # (27), Establishment Address (135 W Main St), Owner (Brandon Rock), Purpose (1. Routine), Follow-up (NO), Release Date (10 Days), Owner's Address (400 NORTH C St, Gas City), Person in Charge (Brandon Rock), Responsible Person's E-mail, Certified Food Handler (Brandon Rock, 8/2025), and Menu Type (1 2 3 4 5).

- 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten entries for violations 298, 324, 295, and 295.

Signature section containing: Received by (name and title printed): Brandon Rock, Owner; Inspected by (name and title printed): Angela H. Collins, Den Spink; Received by (signature): [Signature]; Inspected by (signature): [Signature]; cc: [Blank]