



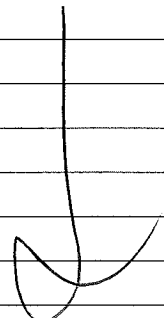
**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)
SDH Form 51-0001

**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 <i>Wed Trailer Shake-ups</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1120 E County Rd. 700 S.</i>			
Owner <i>Sean Muller</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up	Release Date
Owner's Address <i>Same</i>		Summary of Violations: C___ NC___ R___	
Person in Charge <i>Sean Muller</i>		Menu Type (See back of page) 1___ 2___ 3___ 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler <i>Sean Muller Ext 9/10/27 Grant City 4th</i>			

- 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
			<i>Hair restraints missing during inspection</i>	 <i>Fixed same DAY</i>
			<i>Debris in hand washing sink</i>	
			<i>Thermometers not present in coolers</i>	
			<i>Back flow not installed</i>	

Received by (name and title printed): <i>Sean Miller</i>	Inspected by (name and title printed): <i>Kyle Kellogg, Nancy Henry</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: