



# 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.

<b>Establishment Name</b> The Open Field	<b>Telephone Number</b> ( ) Establishment ( ) Owner	<b>Date of Inspection</b> (mm/dd/yr) 4/8/24	<b>ID #</b> 27								
<b>Establishment Address</b> (number and street, city, state, ZIP code) 5247 S 150E Jonesboro	607-1820	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Follow-up</b></td> <td style="width: 50%;"><b>Release Date</b></td> </tr> <tr> <td>No</td> <td>10 days</td> </tr> <tr> <td colspan="2"> <b>Summary of Violations:</b>            C___ NC___ R___         </td> </tr> <tr> <td colspan="2"> <b>Menu Type</b> (See back of page)            1___ 2___ 3___ 4<sup>X</sup>___ 5___         </td> </tr> </table>		<b>Follow-up</b>	<b>Release Date</b>	No	10 days	<b>Summary of Violations:</b> C___ NC___ R___		<b>Menu Type</b> (See back of page) 1___ 2___ 3___ 4 <sup>X</sup> ___ 5___	
<b>Follow-up</b>	<b>Release Date</b>										
No	10 days										
<b>Summary of Violations:</b> C___ NC___ R___											
<b>Menu Type</b> (See back of page) 1___ 2___ 3___ 4 <sup>X</sup> ___ 5___											
<b>Owner</b> Roger & Loretta Tappan	<b>Purpose:</b> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) See above										
<b>Owner's Address</b> Same	<b>Person in Charge</b> Loretta										
<b>Responsible Person's E-mail</b>	<b>Certified Food Handler</b> Loretta										

- 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	
			OK TO OPEN	

<b>Received by (name and title printed):</b> Loretta Tappan	<b>Inspected by (name and title printed):</b> April Legare FSI/O
<b>Received by (signature):</b> Loretta Tappan	<b>Inspected by (signature):</b> April Legare
cc:	cc: