



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>The Market at Swayzee</i>			Telephone Number (705) Establishment () Office <i>3822</i>		Date of Inspection (mm/dd/yr) <i>6-3-17</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>201 S. Washington St. Swayzee</i>			Owner <i>James Cruen</i>		Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>410 Carter Lane 46986</i>			Person in Charge <i>Allison Cruen</i>		Summary of Violations: <u>CO</u> <u>NCO</u> <u>RO</u>	
Responsible Person's E-mail <i>-</i>			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. <u>Pre-Operational</u> 5. Temporary 6. HACCP 7. Other (list) <i>Swayzee Days</i>		Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
Certified Food Handler <i>Allison Cruen Exp: 12-3-18</i>			<ul style="list-style-type: none"> • 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/N/C	R	Narrative			To Be Corrected By
			<i>no violations at this inspection</i>			
			<i>OK to open</i>			
Received by (name and title printed):			Inspected by (name and title printed): <i>Traci Little - FSI</i>			
Received by (signature):			Inspected by (signature): <i>Traci Little - FSI</i>			
cc:		cc:		cc:		