



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 with fields: Establishment Name (WALMART - DC # 7055 (ONLY)), Telephone Number (765 Establishment), Date of Inspection (6-30-17), ID # (27), Establishment Address (100 FISHER WAY - GAS CITY), Owner (WALMART STORES), Purpose (1. Routine), Follow-up (NO), Release Date (7-10-17), Owner's Address (140 GRAND ST. WHITE PLAINS NY), Person in Charge (MIKE CHIPCHOSEY), Responsible Person's E-mail (N/A), Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 X 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 text: NO VIOLATION AT THIS INSPECTION.

Received by (name and title printed): Michael D. Chipchosky, QA/Systems OPS Manager
Inspected by (name and title printed): RDale Carr - FSTO / TRACI LITTLE - FSTO
Received by (signature): [Signature]
Inspected by (signature): [Signature]