

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 parrative portion of this report.

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Establishment Name, TIK, HUH / Cool BEANS	Telephone Number 765 94-8 33%	Date of Inspection $(nm/dd/yr)$ ID # $2-24-12$ 2-7		
Establishment Address (number and street, city, state, ZIP code) 116 W WASH we for St. FAIRMOUNT	() Obverse			
OWNER SEPHEN R. MATTHEWS	Purpose: 1. Routine	Follow-up		e Date -5-12
Owner's Address 7581 N 400 W WARKLE	Follow-up Complaint	Summary of Violations:		
Person in Charge CHRISTY SHERMAN	4. Pre-Operational 5. Temporary	C NC R		
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)		
Certified Food Handler NOT REQUIRED PER MENU	7. Other (<i>list</i>)	1 <u>V</u> 2	33	45
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		MINTER	APPATIME	BELOW ve "D"
Section# C/NC R Narrative	MWART OF VIOLATIONS AI	DIVITE		prrected By
No Violations x	14 th 15			
INSPECTION) 61			
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				and the second s
				MARION CONTRACTOR CONT
				ACTION CONTRACTOR
Received by (name and title printed): *Christy Shorman	Inspected by (name and title p	rrinted): _ 4	us	
Received by (signature): Inspected by (signature): AND Shu Z Shu Lalalu - Sub				
cc: cc:	10	ec:	an Taranta and James	