



GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46053

Establishment Name ROSES # 521	Telephone Number (765) 2524302382	Date of Inspection (mm/dd/yr) 1-13-14	ID # 27
Establishment Address (number and street, city, state, ZIP code) 1129 N BACOWIN AVE MARION		Follow-up NO	Release Date 1-23-14
Owner VARIETY STORES INC	Purpose: 1. Routine	Summary of Violations: C___ NC___ R___	
Owner's Address P.O. DRAWER 947 HENDERSON NC	2. Follow-up	Menu Type (See back of page)	
Person in Charge PATRICIA SHAFFER - MGR	3. Complaint	1 X 2 ___ 3 ___ 4 ___ 5 ___	
Responsible Person's E-mail N/A	4. Pre-Operational		
Certified Food Handler NOT REQUIRED PER MAH	5. Temporary		
	6. HACCP		
	7. Other (list) _____		

- | Section# | C/NC | R | Narrative | To Be Corrected By |
|----------|------|---|--------------------------------------|--------------------|
| | | | No Violations at this
Inspection. | |

* Pat shaffer

x Pat Shupe

Wak Jan - F510 / EUG

Handwritten: FSID/ENY

cc:

CC:

cc: