

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

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 lin	nit for corr	ection of each violation is specifie	d in the narrative portion of thi				
Establishment Name				Telephone Number	Date of Inspection ID # (mm/dd/yr)		ID#
ROSES # 521				(65) Establishment	hment		
Establishment Address (number and street, city, state, ZIP code)				(2524302382	1-13-14 27		2/
1129 M BALOWIN AVE MARION							
				Purpose:	Follow-up		se Date
VARIETY STORES INC				1. Routine	NO 1-23-14		
Owner's Address				2. Follow-up	Summary of Violations:		
Owner's Address P.O. PRAWER 947 HENDERSON NC				3. Complaint			
Parson in Charge				4. Pre-Operational	C NC R		
PAT RICIA SHAFER - MGR				5. Temporary			
Responsible Person's E-mail				6. HACCP	Menu Type (See back of page)		
N/A				7. Other (<i>list</i>)	1 × 2 3 4 5		
Certified Food Handler				7. Other (not)	1 <u> </u>		
Nor Reguler PER Man							
• CRITICAL ITEMS ARE IDENTIFIED (1) 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#				orrected By			
Section	C/NC	R	1 1				
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Received by (name and title printed): Inspected by (name and title printed):							
Received by (signature):							
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