

## 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 paragive portion of this report

The time limit for correction of each violation is specified in the narrative portion of this report.						
Establishm			#120	Telephone Number	Date of Ir (mm/dd/yr	spection / ID#
	peld	W	24, 10021	( ) 674=3469	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'
Establishment Address (numberland street, city, state, ZIP code) 4502 S. Adams St. Marion				( ) Owner	6.16	.15 27
Speedway UC				Purnose: 1. Routine	Follow-up Release Date NO 6.26,15	
Owner's A	Opposition of the second	State of the state		2. Follow-up	Summary of Violations:	
PO	90X	15	080 Springfield OH	3. Complaint		
Person in C	Charge Stal	LE	sher.	4. Pre-Operational	C NC R	
Responsibl	e Person's	possymmusous war		5. Temporary 6. HACCP	Menu Type (See back of page)	
C46-4E		ini di dina di		7. Other (list)		
Certified F			J Der Menu		1 1 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"						
Section#					724000000 (Pro-selling - 1997)	To Be Corrected By
			·			
				1		
* No violations observed at this inspection						
	A at this inspection					
					11111	
			,			
				**************************************		
						TT-TT-TO-
Received by (name and title printed):  XCYSTG/ Cesher Shift Lead John Guckfield FSIO						
Received by	(signature	microscol (constitution)	1)	Inspected by (signature):		
/ Cle	rele)	3.	lsher	Milysly	UK	eld
CC:		•	cc:	$\mathcal{A}$	cc: U	