

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FCOD 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.

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Establishment Name						Telephone Number Date of Ins		spection)	ID#
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Establishment Address (number and street, city, state, ZIP code)								5-15	27
2602 S. ADAMS St. MARION							**************************************		
JOHN E KREFT						Purpose: 1. Routine	Follow-up Release Da		
Owner's Address						i i			
SAME						2. Follow-up	Summary of Violations:		
Dorgon in Charge						3. Complaint	C NC R		
Loren E KROCT						4. Pre-Operational	K		
Responsible Person's E-mail						5. Temporary	Menu Type (See back of page)		
NA						6. HACCP			
Certified Food Handler						7. Other (list) OK to Setup	1 2 3 4 5		
JOHN E KRO FT 4-10-17 (<u> </u>			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"									
• CRITICAL HEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLOURS MARKED. • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"									
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