

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

GRANT COUNTY HEALTH DEPARTMENT 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 Bequirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Company of the Control of the Contro		Samuel Company				
Establishme	ent Name	1	nllar #3844	Telephone Number	Date of Insp /(mm//dd/yr)	pection ID #
Establishme	ont Address	· (· · · ·	mber and street, city, state, ZIP code)	1 409-2091	/0 01	$11 \mid 22 \mid 1$
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Owner	· i a			Purpose:	Follow-up	Release Date
ramily Dollar Stores				1. Routine	20	1000
Owner's Address				2. Follow-up	Summary	of Violations:
ARKANSAS					Summary	or violations.
Person in Charge				3. Complaint	C	NIC D
Amber Baty				4. Pre-Operational	C	_ NC R
				5. Temporary	M T	oe (See back of page)
Responsible	e Person's l	L-ma	11 \	6. НАССР	Menu 1 y	se (See back of page)
			¥	7. Other (list)		1
Certified Fo			(7. Other (nst)	12_	345
not required ber menu.						
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
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• VIOLATIO)N(S) REPE	ATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN		
Section#	C/NC	R	Narrative		_{#/}	To Be Corrected By
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			products,	<i>/</i> ζ		
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Received by (signature): [Inspected by (signature)]						
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