

## 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 narrative portion of this report.

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Establishme		ปล	WA HIGH School	Telephone Number	Date of Inspection ID #		ID#
Establishment Address (number and street, city, state, ZIP code)					3-10-	-17	27
			PAIL - GAS Coty	( ) Owner	0 ,0	1 (	
Owner	DIAN	11	CHI - WAS CHY	Purpose:	Follow-up	Dologo	se Date
A	1.16	1415	2.14 5ch. 5 5		No.		20-17
MISSISSINOWA Schools				1. Routine			
Owner's Address 424 EAST SOUTH "A" St. GAS Coty				2. Follow-up	Summary of Violations:		
				3. Complaint	C NC R		
Person in C	harge	1	1/65	4. Pre-Operational	C	NC_	R
	RA	7		5. Temporary			
Responsible	e Person's	E-mai	1 1 4	6. HACCP	Menu Type (See back of page)		
			NIA				
Certified Fo			2 6 2 1	7. Other (list)	123 45		
LORA AILES BYP 3-9-21							
• 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#	C/NC	R	Narrative		Т	o Be Co	orrected By
y							
			No VIO ATIONS AT			-	
			140 VIO PATOONS AT	THIS			
			No VIO ATIONS AT INSPECTION				
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				7			
Danaired L.	(nama and	l titla :-	winted):	Juana and sister	wintad):		
Received by (name and title printed):  [Inspected by (name and title printed):							
LORA AILES MANAGER KOW UN-F510							
Received by (signature):  Inspected by (signature):							
KINNUM PSID							
cc:	in		cc:	1 harry	cc:		
				•			