

## 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.

	101 0011	CULOIL	or their vicinities to specific	a in the narrative portion of the				
Establishment Name					Telephone Number Date of In		ction	ID#
JANA JAX					1765) Escaptishing for (	(mm/dd/yr)		77
Establishment Address (number and street, city, state, ZIP code)					( ) Owner 3-1		-17	27
3910 S. WASMINGTON ST. MARION					, , , , , , , , , , , , , , , , , , , ,			
Owner	•				Purpose:	Follow-up		se Date
JACK GARDENER					1. Routine	NG 3-24-17		
Owner's Address					2. Follow-up	Summary of Violations:		
SAME					3. Complaint	Summary of Violations.		
Person in Charge					7 ·	C	NC	R
LACK GARDENER					4. Pre-Operational	C NC R		
Responsible Person's E-mail					5. Temporary	Menu Type (See back of page)		
N/A					6. НАССР			200
Certified Food Handler					7. Other (list)	$1 \times 2$	3	_45
			ULA	OK TO OPEN	/		1	
• 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		7	To Be Co	orrected By
	DOIDHED DET ZOILO WITHOUT							
	OPENED DEC ZOILO, WITHOUT INSPECTION / LICENSE							
	INSPECTION / LICENSE							
	OK TO OPEN 3-14-17							
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Received by	(name and	title n	inted):		Inspected by (name and title n	winted):		
Received by (name and title printed):  Inspected by (name and title printed):								
+ JACK GARDNER Klale Carr - FSIO								
Received by (signature):  Inspected by (signature):  FSTO								
y carpox Manus FSFD								
cc:		1	U <sub>1</sub>	cc:	U'	cc:		
	1							