

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.

The time in	init for cor	ectio	n of each violation is specified in the narrative portion of th	is report.			1/
Establishme	ent Name	ب	+ Mipple School	Telephone Number	■ app 10 10 10 10 10 10 10 10 10 10 10 10 10		ID#
Establishment Address (number and street, city, state, ZIP code)					3-10	17	27
125 N Broadway - GAS City				() Owner	5-10	1 (<i></i> (
	U IDK	OA	DWAY - OPTS CUTY			1	
Owner				Purpose:	Follow-up Release Date		
MISSISSINEWA SHOOLS				1. Routine	NO 3-50-12		
Owner's Address				2. Follow-up	Summary of Violations:		
424 E. S. "A" GAS COTY				3. Complaint			
Person in Charge				4. Pre-Operational	C NC R		
ANGE	=(A	YV	1c Collum	-		1.0	_ ~
Responsible		_		5. Temporary	Menu Type (See back of page)		
			JLA	6. HACCP			
Certified Fo	ood Handle		51/7	7. Other (list)	1 2	3 📈	4 5
		n/	IC CIL.		123_V45		
ANGELA MC Collum Exp 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				orrected By
Section	CINC	I	Natiative			O DC CC	Trected By
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	No Violations AT This						
	INSPECTION						
	TUSPECTION						
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	L						
Received by (name and title printed): Inspected by (name and title printed):							
Anoslack-1745Collum manager Kalle GON- FSID							
Received by	(signature)1/1	11/1/14	Inspected by (signature):			
MANUAL PER							
	XX	+	TOVIM	1 miles	, 40		
cc: cc:							
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