

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.

Establishm			BAR	Telephone Number	Date of Inspection ID # (mm/dd/yr)		
1-0-13				1	22	n 17	27
Establishment Address (number and street, city, state, ZIP code) 405 So. MAIN St. Jonesborn, IN				() Owner	3-30)-(1	
Owner				Purpose:	Follow-up Release Date		
SANDRA HAMEN				1. Routine	No 4-9-17		
Owner's Address				4	Summary of Violations		
3448 5. ADAMS ST. MARION				Follow-up Complaint	Summary of Violations:		
Person in Charge				4. Pre-Operational	C	NC	R
KAM	mi						
Responsible		E-ma	il	5. Temporary	Menu Type (See back of page)		
				6. НАССР		,	
Certified F	ood Handle	er		7. Other (list)	1 2	V 3	_45
Kaman	i To	16	ing CLASS MAY 10 2017 (RE-ONEN			
• 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			To Be Co	orrected By
			- \$\display				
				157			
	OK TO OPEN APRIL 15T						
			/8				
	MENU-REVISED-NOPHE						
			MENU-REVISED-A	10 PHF			
	DISCUSSED THE OUTLINE FOR						
	1/5 COJ JED FRE COT ZINE (COT						
			outdoor grilling				
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			9	·			
	Ļ						
Received by	y (name and	title	printed):	Inspected by (name and title p	rinted):	E/3	7)
Sandra Horman Owner 1841 Can - 19510							
Received by	y (signature)			Inspected by (signature):		CC	_
LA 1		4		14 alo VIII	V	1-57	0
cc:		1 1	cc:	11)	cc:	7	