

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	int for corr	ection	1 of each violation is specified in the narrative portion of this			
Establishme	nt Name			Telephone Number	Date of Ins (mm/dd/yr)	pection ID#
(x)	OFP	er	is North	() Establishment 34		2772
Establishment Address (number and street, city, state, ZIP code)				()Owner	14-10	1-1 9 0 1 1
1323 N Baldwin Ave Marion, IN						
Owner				Purpose:	Follow-uj	
Walgreen Co.				1. Routine	- Annon	10 days
Owner's Address				2. Follow-up	Summary of Violations:	
POBOX 901 Deerfield IL				j .	Summary	of violations.
				3. Complaint) NC_O R_O
Person in Charge				4. Pre-Operational	-	2 NC C R C
Responsible Person's H-mail				5. Temporary	Manu Tv	pe (See back of page)
Responsible	e Person's I	∦-mai	Ⅱ <i>▼</i>	6. HACCP	Menu 1 y	pe (Bee buck by puge)
	and the second s			7. Other (<i>list</i>)	$_{1}X_{2}$	3 4 5
Certified Fo	ood Handle	r	. 1 . 1	7. Other (noi)	1/-2	345
		N	t t			
• 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"						
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Section#	C/NC	R	Narrative		·····	10 De Corrected Dy
			No Violations observinspection.	ed at this		
			incorrection.			
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	all and the state of the state			T	nuinta A.	
Received by (name and title printed): Inspected by (name and title printed):						
Cary La Frincy Store Manager Traci Lyttle 1+3-10						
Received by (signature): Inspected by (signature):						
1075 1 1/1/MY, T, HUQ 125LA						
Jan						
ES:		1) cc:	7	cc:	
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