

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION 40 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 Saultation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

					I D / OT	/ /	7
Establishm			CRIEK GOLF COURSE	Telephone Number	Date of Ins (mm/dd/yr)		
	LUUT		-100	_	5-2	2-17 27	~
			mber and street, city, state, ZIP code) HOD 5 MARLEN IW	() Owner	2-2	2017-201	
Owner	7 5 6	7	THREEN IN	Purpose:	Follow-u	P Release Date	_
Owner	10 11	1	Sina Billian 120	1. Routine	NO	6-1-17	
Owner's Ac		-					
74	y of Violations:						
Person in Charge D () 3. Complaint 4. Pre-Operational C						NC R	-
1 erson in C	_ NC K						
Responsible	pe (See back of page)						
Responsible							
Certified Food Handler 7. Other (list)						3 4 5	
	ARA		Ballinger 9-16-14	THE PART OF THE PARTY			
		DE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	S MARKED "C"			
					ID IN THE S	IADDATINE DELONAC (DE	,
		-	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "	SUMMARY OF VIOLATIONS" AN	ND IN THE N		
Section#	C/NC	R	Narrative			To Be Corrected By	-
430						30 Days	_
			By WATER I MOISTURE		-4-1		
				1 - To = 861, 11			
							-
							-
					= ,		_
					3.16716		1
							-
				leave granders	P govern	Land 1	_
						,	
							7
							-
						-	-
							_
		,	,		- e		
					-		
							7
-							-
7		100		Inenceted the (name and title-	winted.		
Received by	(name and	title	primea):	Inspected by (name and title p	miniea):	1-11	1-
V (dia		Delly	HOLY GAR	17-17	TRACI LIT	10
Received by	(signature	?):		Inspected by (signature):		Illada De	Han
	RIO	1	Delle	1600 m-1	50/1	much M	THE
cc:			сс:	V	cc:		
-							