

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.

1110 11110 1111	int for corr	cettor	to tuen violation is specified in the narrative portion or the				
Establishme	ent Name) " =	Telephone Number	Date of Inspection ID # (nmfdd/yr)		
	GE	YA	INTRY # 5636	765) Estylanger 40			2-
Establishment Address (number and street, city, state, ZIP code)				() Owner	6-22-17 27		
629	6 E	5	00 5 GAS Coty				
Owner		-		Purpose:	Follow-up		e Date
Ville	4 GE	t	AWTRY	1. Routine	NO	7-	1-17
Owner's Address				2. Follow-up	Summary of Violations:		
829	6 V	VA	g=11 AN PRUY Ste 400	3. Complaint			
Person in C	harge		11	4. Pre-Operational	C NC R		
415	1 H.	AN	u HON	5. Temporary			
Responsible	Person's			- No.	Menu Type (See back of page)		
		N	1A	6. HACCP	A		
Certified Fo	ood Haudle	er	1/	7. Other (list)	1 2 3 4 5		
Lisa Hamilton EXP 5/2/17							
• 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			o be Co	orrected by
	NO VIOLATIONS AT THIS						
	INSPECTION						
			The specific				
				<u> </u>			
				//			
			<i>*</i>				
			4				
				4.			
Received by (name and title printed): Inspected by (name and title printed):							
1 LISH HAMUTON KOMP (aN 165)0							
Received by (signature); Inspected by (signature)							
12 Tire tame to ROWM- ECO							
cc: cc:							
cc:					1		
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