

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 lin	nit for cori	ection	n of each violation is specified in the narrative portion of th	is report.	14		
Establishme	ent Name		1 >	Telephone Number	Date of Inspe	ection	ID#
A 11	BRS	B	VII PEN	765 Fear British	(mm/dd/y/r)		
				-	1-21	17	<i>Z7</i>
Establishment Address (number and street, city, state, ZIP code) () Owner							
OSG N MA(W ST. UP AWP) Owner Purrose: Follow-up Release Date							
Owner	, 1-		x x x 1	Purpose:			
KRI	5//	AV	nmy with	1. Routine	NO 7-5-17		
Owner's Ad	ldress			2. Follow-up	Summary of Violations:		
363	1	N	Desphi Pike MAREON	3. Complaint			
Person in C	harge	,	00.11	4. Pre-Operational	C NC\ R		
TIPI	-AW	Y	MillER	5. Temporary			
Responsible					Menu Type (See back of page)		
			NA	6. HACCP			
Certified Food Handler 7. Other (list) 1 2 3 $\sqrt[4]{4}$ 5							
TAMMY WITH 185 11-10-16							
• 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		'	Го Ве С	orrected By
430	NC		THERE IS A HOLE IN	Floor of		31	DAYS
450	NC						10111
			WACK-W COOLER, AN	D FLGOR			
9	WACK-W COOLER, AND FLOOR NEEDS TO BE FIXED / ROPACED						
							1
				EAST-CHILD OF CO.			
					-		
			į.				1
							1
	-	-					
					-		
Received by	(name and	d title	printed):	Inspected by (name and title	printed):		161
Received by	(signature	00		Inspected by (signature):		I A A	1- Fills
5	Mu	ll	^	MW WW-		1/1/1	Ce alto
cc:			сс:	1/10	cc:		, , , , ,
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