

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 | mit for cor | rectio | n of each violation is specified in the narrative portion of th | is report. | 1 | • | |
|--|-------------|--|---|--------------------------------|------------------------|----------------|---------|
| | | | | | | | D# |
| WAL | MAR | T - | DC 7055 (ONLY) | Establishment | (mm/dd/yr) | | 27 |
| Establishm | ent Addres | s (nui | mbd Angspeet, city, state, ZIP code) | () Owner 677-7000 | 6 | 30-17 | 21 |
| Owner | 1-12t | reje | WAP "CHIS COPY | Purpose: | Follow-u | p Release I | Date |
| | MAR | T | STOPLES | 1. Routine | NO 7-10-17 | | |
| Owner's A | ddress | <u> </u> | al was Di 11V | 2. Follow-up | Summary of Violations: | | |
| 140 | GRA | ME | St. WHITE PLANS NY | 3. Complaint | | _ | |
| Person in C | Charge | 16. | 004-501 | 4. Pre-Operational | C_ | NC | R |
| Responsible | e Person's | E-mai | PCHOSEY | = 5. Temporary | Menu Tv | pe (See back o | f page) |
| | Alc | | • | 6. HACCP | , | P - (| 19-7 |
| Certified F | | er | | 7. Other (list) | 1 1 2 3 4 5 | | |
| • 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# | | | | | | To Be Corr | |
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| | | | NO VIOLATION AT TO | 115 | | | |
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| Received by | (Vianatura |). \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | penosky OPS Managed | Inspected by (Aignature): | 70/ | 110401 | 1 511 |
| Acceived by | Signature | 1 | | Ruller PS | ON | Vaci ; | Kttle |
| cc: | | | cc: | . , | cc: | | FSITO |