

## 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 Sanifation Requirements.

The time lin	nit for cor	rection	of each violation is specified in the narrative portion of thi	s report.	71		
Establishme	ent Name	***************************************		Telephone Number	Date of Ins		ID#
The	Core	er	nber and street, city, state, ZIP code)	(16) Establishment (16) Owner 8030	1/2		
Establishme				( ) Owner	17-a	4-17	27
Owner		<u>s r</u>	adfird Street Maria	Purpose:	Follow-u	n Releas	se Date
4	~ ~\ e	ς.	Weaver	1. Routine	- 10 days		
Owner's A	ddress	<u> </u>		2. Follow-up	Summary of Violations:		
93		N	Washington St. Maria	3. Complaint		. · · · · ·	,
Person in C	_		0	4. Pre-Operational	CNGR Menu Type (See back of page)		
Responsible	O Porcon's	E-mai	Weaver	5. Temporary			
Kesponsible	e reison s	15-111ai	•	6. НАССР	same type (assessment springs)		
Certified Fo	ood Handl	er		7. Other (list)	12/_345		
	ner	ĺε	Calobrace				
• CRITICAL	_ ITEMS AI	RE IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"			
• VIOLATIO	ON(S) REPE	EATED	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative			То Ве Со	orrected By
430	NC		one section of ceiling	tile locat	ted	3	days
			one section of ceiling	airs was m	issino		\
					\	D.	
297	No The internal flap of the ice machine Toda						
			was soiled wha stime	residing.			1
245	NC	-	Two soiled wet woine	· lathe being		770	Jan
0, 70	100		Stored on a Good prep counter behind				
	<b>—</b>		the bar area.				
******			The bar area.				
				Land Address			
		<del> </del>	· · · · · · · · · · · · · · · · · · ·				
		-		1.0 0.0000			
		<del> </del>					
- Marie I							
<u> </u>							anno muco o nuo ang 480 mili 1970 ang
Received by	y (name and	d title	printed):	Inspected by (name and title	printed): 		
1 /10	J.C.	$\bigcirc$	ON CHIES	The Co	1,4	fle	7114
Received by	y (signature	e): /	Land (be)	Inspected by (signature):	. 1	111	1 00
10	tope	Je	Jan Dec	I J J JACO	1 200	THE	1
ee:	4		cc:	And the second second	cc:		



	CRANT COUNTY MEALIN DEPARTMENT
, l , 2	one 765-651-2401  765-651-2419  DATE: Selly 26, 17
	ant County Health Department 1 S. Adams St. arion, IN. 46953
	EASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 YS.
	e following is a response to the inspection report prepared by the Health Department Food Safety Officer  R.Dale Carr-FSIO_/ Traci Little-FSIO from the Grant Co. Health Department on
6	TE: Action Taken:  1430 Replaced Chiling till the Small
9	by 25,17 (Leaned Wi mochine Llop Hope Domain
	ly 75,17 discanded Diled towels last behind boys on
	me of Respondent: Chanles Weaver Title: Dury
	stablishment Name: Anen Olwe Pub
	Idress: 1/2 E. Bradford St. Wilmin, In 46953