

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 limit for correction of each violation is specified in the narrative portion of this report.

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Establishme	ent Name	(continuitied and geternal (on fine)		Telephone Number	Date of In		
Won	dui	2	North	6 Establishment	(mm/awy)		
Establishme			mber and street, city, state, ZIP code)	() Owner	8 i	7-17/2/1	
122	31.	\ \ \	bash Ave., Marion-	5) OWNER (126	0 -		
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and the second s	rior	7 1	lestaurants, INC.	The same of the sa			
Owner's Ad		16	di classi	2. Follow-up	Summar	y of Violations:	
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Person in C	1 1		Mal a	4. Pre-Operational	C	_ NC_2 R	
Annual Commission of the Contract of the Contr	the	Section (Contract)	Ve asquez	5. Temporary			
Responsible	e Person's	E-mai	U	6. НАССР	Menu Ty	ype (See back of page)	
(Meaning)						\sim	
Certified Fo				7. Other (list)	12	3_4_5_	
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Section#	C/NC	R	Narrative		,	To Be Corrected By	
431	NC		The walk-in-cooler a were soiled wil trash	nd freezer		Today	
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295	NC		the interior of the H	toshizaki		Today	
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Received by	(name and	d title		Inspected by (name and title p	rinted):		
THEATHER VELOSQUEZ TX raci Little -FSITO							
Received by (signature):							
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1 House Jakes							
cc:	cc: cc:						
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Operator Response to Inspection State Form 80047 (2-01)



GRANT COUNTY	HEALTH DEPARTMENT	
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Phone 765-651-2401 / Fax 765-651-2419	DATE:	-7-17
Grant County Health Department 401 S. Adams St. Marion, IN. 46953		
PLEASE SEND YOUR RESPONSE TO THE GRANT CODAYS.	OUNTY HEALTH DEPARTMENT BY MAIL	OR FAX WITHIN 10
The following is a response to the Inspection reportR.Dale Carr-FSIO_/ Traci Little-FSIO from the G	prepared by the Health Department Food rant Co. Health Department on	Safety Officer
DATE: Action Taken: 8-7-17 431 Swept book 8-7-17 295 Cleaved or removed objectived	The state of the s	ed Freezer debris zer aud aud aud
Name of Respondent: Heather C.Ve	boguerrino: General Ma	wage 5
Address:		