

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.					
Establishment Name Village Partry #5636				Telephone Number	Date of Inspection / ID # (mm/dd/yr)
Establishm	ent Addres	s (nu	mberland street, city, state, ZIP code)	67404040	1-20-19 77
, ,	05	50		(614 2 110) 10	1-30-10 2
Owner 11		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	V 3 BIRS CIPY	Purpose:	Follow-up Release Date
Village PAW try					1 1 1
				1. Routine	10 days
Owner's Address				2. Follow-up	Summary of Violations: 1
8295 MAGC/IAW PKWY Ste 400 VA				3. Complaint	
Person in C	harge 11	4,	U ,	4. Pre-Operational	CO NCO RO
Lisa Hamilton				5. Temporary	
Responsible Person's E-mail				1	Menu Type (See back of page)
N/H				6. HACCP	
Certified Food Handler				7. Other (list)	12 3 4 5
LISA	Himi	14,	m	***************************************	
• CRITICAL	LITEMS AI	KE IDI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	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	and the second s	To Be Corrected By
			Ma Wolnday S M 11xx W	FIFTO 1	
	No Violations At this time of Inspection.				
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	Common of Copy				
	by next in spee Non.				
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Received by (name and title printed): Inspected by (name and title printed):					
LISA THAN TON DEEM TOND (PSIC)					
Received by (signature): Inspected by (signature):					
KARA & CONSTANT MON KANN HILA					
CC: CC:					