

## 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 t	his report.		framer )
Establishm	ent Name	neral accessorable SS	P.	Telephone Number	Date of In	
Tol	by c		San	(765) Establishment		1/127
Establishm 405	ent Addres	`^	mber and street, city, state, ZIP code) Hiw St Lovies boro	5730-697 89	2-5	78 21
Owner				Purpose:	Follow-u	
Sandra Hymen (				1. Routine	PO	10 drys
Owner's Address 3448 S. Adams St				2. Follow-up 3. Complaint		y of Violations:
Person in C	Charge DDIN			4. Pre-Operational	C_6	$\frac{1}{2}$ NC $\frac{2}{2}$ R $\frac{1}{2}$
Responsible			. 4 ( 12)	5. Temporary 6. HACCP	Menu Ty	pe (See back of page)
Cortified F	ood Handl		<u>4/17</u>	7. Other (list)	1 2	3 4 5
Certified Food Handler Kammi Maning 9-27  7. Other (list)						
• 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			To Be Corrected By
413	NC Closure device ON back door. There isny					Today
	sything to close the door tighty.					
						)
29/	291 NC This facilty lacks correct test strips for					
			gust. sanitizer.			
			0		····	
						<b>\</b>
				V.M.C.L.W.T.C.L.W.T.		
		-				
Received by (name and title printed):  Inspected by (name and title printed):						
Robin France Dean Small PSTO / O CANK PSTO						
Received by (signature):  Inspected by (signature):						
Koli Freene Wenkall FSTo 1 / Mallie						
cc:	on the second		cc:		cc:	
					/	