

## 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		M	1	Telephone Number (766) Establishment	/ Date of Inspect (mm/dd/yr)	tion	ID#
West	yew 1	1/4	m en Hny mber and street, city, state, ZIP code)	] '''		, ,	27
Establishmo	ent Addres	s (nu	mber and street, city, state, ZIP code)	(47) Gwner	21-23	18	27
Owner	- u			Purpose:	Folloy-up	Release	Date _
Mis.	Sissin	ew	a School long	1. Routine	140		3-18
Owner's Ac				2. Follow-up	Summary of Violations:		
424	U.	5.	A St. Gor Gly	3. Complaint	Summary or	VIOIALIOL	
Person in C	harge	,	0	4. Pre-Operational	C NC R		
Terr	SA	Ne	ven aer	5. Temporary			
Responsible	Person's	E-ma	il )		Menu Type (See back of page)		
	$\mathcal{N}$	A		6. HACCP			
Certified Fo		er /	2/2	7. Other (list)	1234_2_5		
Teresa Clevenger 3/2027							
• 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	ne an institution de de la compressión		***************************************	rected By
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	- No Violations At this Inspection -						
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Received by (name and title printed):  Inspected by (name and title printed):							
Teresa Cleverer Manager Wear Small FSTO							
Received by (signature): Inspected by (signature):							
Serone Clevenous Illean Small 1520							
cc: cc:							
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