

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.

Establishm	ent Name	'T)	UIL PEN	Telephone Number	Date of Insp (nm/dd/yr)	ection ID#
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Establishm	ent Addres	ss (nui	nber and street, city, state, ZIP code)	() Owner	5-3	-18 26
056	NY	MA.	N St. UPLAND IN			
Owner	r	***************************************		Purpose:	Follow-up	Release Date
Kris/Tammy With				(1, Routine	NO	5-13-18
				2. Follow-up	Summary	of Violations:
36	31 v	W	Desphi Pike Whirion	3. Complaint	Summary	or violations.
Person in C	Charge		·	•		NC R
TA	MY	U), ++	4. Pre-Operational	'	. NC N
Responsibl	e Person's	E-mai		5. Temporary	Menu Typ	e (See back of page)
responsion	e i cison s		"NA	6. HACCP		31.87
Certified F	ood Handl	ο.	1-17	7. Other (list)	1 2	3× 4 5
TA	. A	ci c 16	0, H ISSUED 11-18-16		''-	
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• 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		Pitomiste makkmundili ndakiliki iniministiti	To Be Corrected By
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