

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	nit for corr	ection of each violation	ı is specified in the n	arrative portion of thi	s report.				
Establishm	ent Name	\sim		Telephone Number	Date of Insp (mm/dd/yr)	ection	ID#		
WAY	10N3	SAR		(765 Ektablishment)	(mm/ua/yr)		·>-7		
Establishme	ent Address	(number and street, ci	ty, state, ZIP code)	()Owner	5-9-	-18	27		
329	G. C	HARLES 5	t MARLO	N					
Owner	220017000000000000000000000000000000000			are a second and 1995 (1995) (1995) (1996) (Purpose:	Follow-up	Relea	se Date	
THON	MS .	HEHING		1. Routine	NP	No 5-19-18			
Owner's Ad	ldress				2. Follow-up	Summary	Summary of Violations:		
288	territorio escapato de la constitución de la consti	COCK		3. Complaint					
Person in C	harge			4. Pre-Operational	C	C NC R			
PEh	<u>67 t</u>	TETTINH		5. Temporary		Menu Type (See back of page)			
Responsible	e Person's F	•			6. НАССР	Menu Typ	e (See bac	ck of page)	
		NA			7. Other (list)		~ · /		
Certified Fo					FIRE 518/18	12_	123_X_45		
	***************************************	Ething			The same of the sa				
				RRATIVE COLUMNS					
• VIOLATIC	N(S) REPE	ATED FROM PREVIOU	S INSPECTIONS ARE	DENOTED IN THE "SU	MMARY OF VIOLATIONS"	AND IN THE NA	ARRATIVE	E BELOW AS "R"	
Section#	C/NC	R		Narrative			To Be C	orrected By	
			016 70 /	2E-120EX)	5-9-18				
7.1.1			1/ 1/1/ 0	RE-UPEN					
			KITCHE	<i>D</i>					
				1944 454740					
411	K	NEED	END CAPS	\$ 1 2 FES	VE for Ligh	et in	70	DAY	
		1Ct cte	ν		V				
				TAMOR .					
			alconor me er						
					O Alleghology Wil		,		
Received by	(name and	title printed):			Inspected by (flame and tit	le printed):	T	1	
	l s	- 1 - 1	<i>L</i> .		1200	500)(X/)	30	1 h- Fait	
Y >	KES	is het	T' }		INGUAN -	LDINA	EARS	my () ~ ~	
Received by	(signature)	1	O		Inspected by (signature):	/ \ \		1/ Cont	
1/100	La	Tur			IK WWW- FE	W//Ve	entere	IN PSAC	
/cc:	10	70	cc:		100	cc:	and the second s		

NARRATIVE REPORT

Establish	ment N	lam	e Address	Inspection Date
way	lows		324 E. Charles St. MARian	5-8-18
Section#	C/NC	R	REMARKS	TO BE CORRECTED BY
			FIRE"	TODAY
			K. BAND FIRE EXTINGISHER DISCHARGED By MAIRION FIRE DEPT CONTained IN	
			By MAIRION FIRE DEPT CONTained IN	
			ICH CHOW.	
	•	¥	5-8-18 KITCHEN IS CLOSED NO FOOD to	
			be MADE, COOLERS OK POWER NOT	
			SHUT OFF	
			THE KITCHEND TO BE CHAMIN WALLS	/
			Floors, CEILING	. /
			ALL EQUIPMENT CLEANED to INCLIPE UTEN	5115
			FLOORS, CEILING ALL EQUIPMENT CLEANED to INCLUDE UTEN OPEN SINGLE ISERVICE IN KHEHEN THREN	AWAIL
			if containing ted	
	*	-	PER FIRE DEPT FIRE contained in	
			AROUND HOOD SYSTEM	
			FIRE DEAT CALLEY AT 11:39Am	
			Local HD ARRIVED 12:00pm LEGG. 12:30pm from Wal	
			LEG. 12:30pm from Wa	lons /
			Fair	
			THIS FACELOTY MAS A WALK-IN COOLER	
			TO hold food for customers to meet excise Requirements - BAR open	
			EXCISE REQUIREMENTS - BAR OPEN	/ .
			0	4
			GCYD-FOUDS	
			will Return Approp 9:30 Am 5-9-18	
				`
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1			/ /	
Received B	y (Name	8 T		Page of
2			Roale Carri-FITO	l agooi
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