

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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Establishm	ent Name	1	ELEMENTARY	Telephore Number	Date of Ins (mm/dt/yr)	spection 	ID#
Establishm	ent Addres		mber gnd street, city, state, ZIP code) KEM ROAD - WARLIM	() Owner	10/2/	18	27
				Purpose:	Follow-up Release Date		
Owner's Address w 26th 8t. Marion				1. Routine 2. Follow-up	Summary of Violations:		
Person in Ç	00000000000000000000000000000000000000	<u>.</u>	26 or gr. Warrion	3. Complaint	NC R		
1 X	rist	1	Whitton	4. Pre-Operational 5. Temporary	***************************************	ype (See back of page)	
Responsible	e Person's	£-mai	" NA	6. НАССР		.,	
Certified F	ood Handle	er	NA	7. Other (<i>list</i>)	12	33	_4_/_5
• 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					Construction of the Constr	orrected By
	washroom under repairs, closers off USING Single SERVICE Single USE plates / Utensils Au other washed, Rinsen, Sanutzen Using 3-BAY Sink						
	USING SINGLE SERVICE SINGLE USE						
	plates / whensils						
	A., other washed Kinsen, Sanutalo						
	13-BAY Sink					24	
			V5100) 3 13 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1				
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Received by (name and title printed): Inspected by (name and title printed): Received by (name and title printed): Received by (name and title printed):							
Received by (signature): Received by (signature): Received by (signature): Received by (signature):							
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