

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.

The time in	101 00110	ction of each violation is specified in the narrative portion of the	/	1X	
Establishme	. /	Llemen Ilmn 1	Telephone Number () () Establishment	Dafe of Insp (mm/dd/yr)	pection ID#
	ent Address	number and strept, city, state, AP(code)	(a a) Owner	11-00	10 27
0/	Sou	1 22° Upport	1998-2550	18 49	18 a/
Owner 1562	1 2.1	Community Schup	Purpose: 1. Routing	Follow-up	Release Daye
Owner's Ac	hrovk Idress	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Follow-up	Summary	of Violations:
05/01	5.	900 Evet Mme in	3. Complaint		
Person in C	Charge	Tolder	4. Pre-Operational	CNCR	
	Penson's E	mail	5. Temporary	Menu Typ	ne (See back of page)
	NH		6. HACCP 7. Other (list)		2 . V.
	handler	Berneix		12_	34_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	R Narrative		1	To Be Corrected By
		NO 11/2/10/2005 At of	MS MAGDERAD	,	
		140 010/10/10/10/10/11	145 /14 x 3000010		
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			*		
		1-TEMP THERMOLABEL ®			
		Square turns black as temperature Is reached		5	
		is reached 5			
Received by (name and title printed): Inspected by (name and title printed): Swall follows:					
Received by (signature): Inspected by (signature): According to the signature of the sign					
cc:	selle	e Allo CC:	Melan Jul	cc:	180
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