

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.

Establishment Name Al Al Al Market State (II) Establishment Address Inumber and speet, city, state (II) code)	Telephone Number () SEstablishment	Date of Inspection (mm/dd/yr)	ID#
138 N. MAN St VD JAW	22 69 20	10-9-18	1
Cathenne Kentow - John Gor	Purpose:	· /	ease Date
Owner's Address 7698 S 1000 F. Wolfend	2. Follow-up 3. Complaint	Summary of Viola	
Person in Charge CACHARLY WINTERS	4. Pre-Operational	c <u>2</u> nc	5 R <u>L</u>
Responsible Person's E-mail	5. Temporary 6. HACCP	Menu Type <i>(See b</i>	ack of page)
Catherine Kentow - Schw for	7. Other (<i>list</i>)	123/	<u> </u>
 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" 			
4 1	MINARI OF VIOLATIONS AN		
Section# C/NC R (7	Corrected By
295 C the following contract items	" ARE SOI Led	700	Isry
1) Lorace Black skillet Shor	ed Claun		
7 Tonos			•
·			
344 C X HAND SINK IN FRONT, Coffee MEETI, hos Today			
VENGILS PANING IN IT ALSO SINKLIS SOILOL.			
Afreyows violation 4-2018 ge			
413 NC X the back down And From	I so the dans	North 11)	In 8
1 1 20 1 0 1 0 100 0	1 11 ,	10111/0	- July -
1000 Need Self Closure allices.			
7 11 97 1003 01 11 11 11 11 11 11			
138 NC Employee preparity foul	w/o have rest	eart on	Tury
	DARCI		
191 NC Cole STAW IN SCHUZUARY	Not MAKKEL	100	by.
	W		<i>V</i>
Received by (name and title printed):	Inspected by (name and title p	rintedi:	$\overline{}$
Zachary Winters	Herr Snow		SB
Received by (signature):	Inspected by (sighafure):	R	B
de: cc:		сс:	2