

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 parrative portion of this report

The time limit for correction of each violation is specified in the narrative portion of this report.					
Establishm		Ź	- Collan IIC	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)
	ent Addre	ss (nu	mber and street, city, state, ZIP code	UN HOOC	10-12-18 27
236 W Reporte the Uplant					
Owner Man O A LL				Purpose:	Follow-up Release Date
Oyner's Address				2. Follow-up	Supplied to State of the State
619 Solvermon Blud Upland				3. Complaint	Summary of Violations:
Person in Charge				4. Pre-Operational	CNCR
Nothon Morteen ser				5. Temporary	
Responsible Person's E-mail				6. НАССР	Menu Type (See back of page)
Certified Food Handler				7. Other (list)	1 1 1 2 3 4 5
NA					
• 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		To Be Corrected By
				4	
			- No violations of the	nggedion-	
			,	<i>V</i>	
	-	-			
Received by (name and title printed): Inspected by (name and title printed):					
Northan Mortanson Devous Small PSE)					
Received by (signature):					
Dufall PSAU					
cc: cc:					