

## 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 lin	mit for cor	rectio	n of each violation is specified in the narrative portion of th	nis report.	7	Transaction,	
Establishm	ent Name		<i></i>	Telephone Number	Date of In	spection	ID#
AFC - Such; Toular University (76) Establishment							
Establishme	ent Addres	s (nu	mber and street, kity, state, ZIP code)	(99) (wner 490)	101	218	37
Owner	<u> </u>		The mod opinion	Purpose:	Follow-u	p Relea	se Date
AFC	- Fa	KN)	Chise Conn	1. Routine	10 Smc		
Owner's Ac	ddress		1 02 - 1 1 04 04	2. Follow-up	Summary of Violations:		
Kim	U	pn	J 19205 S. LANE PK Rd	3. Complaint	1		
Person in C	Charge	}		4. Pre-Operational	C NC T R		
Kim		$\mathcal{L}$		5. Temporary			
Responsible	e Person's	E-ma	il I N	6. НАССР	Menu Type (See back of page)		
		1	V/F	7. Other (list)	١, ,	2 1/	, , ,
Certified Fo			2		123//_45		
Not on Gile							
			ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS				
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	D IN THE N	NARRATIVE	BELOW AS "R"
Section#	C/NC	R	Narrative	Scoops		To Be C	orrected By
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11/	146 NC Z-white conferences wird WHAT TODAY						
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	the containers ARE NOT LABELED						
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Received by	y (SIXIIGIUITE	). )		1100 KMM	1	FCF	2 ) R/XII.
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