

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 Sanifation Requirements.

| The time limit for correction of each violation is specified in the narrative portion of this | s report. | |
|--|--|------------------------------|
| Establishment Name | Telephone Number | Date of Inspection ID # |
| TANTOR UNIVERSITY - BOYEN SU dut CAR | (76 Establishment | (mm/dd/yr) |
| Establishment Address (number and street, city, state, ZIP code), | (A MOwener 110 A O/ | 10-12-18 127 1 |
| 231. Rendo AND VOLANT | 1 477 4708 | |
| Owner | Purpose | Follow-up Release Date |
| Crephia Diving | 1. Routine | - 10 My 0 |
| Owner's Address / /// | 2. Follow-up | Summary of Violations: |
| BUX ROUND PK By CHEZ | 3. Complaint | |
| Person in Charge | | C NC R |
| Andrews Fisher | 4. Pre-Operational | |
| Responsible Person's E-mail | 5. Temporary | Menu Type (See back of page) |
| | 6. HACCP | |
| Certified Food Handler | 7. Other (list) | 1 2 3 1/4 5_ |
| Andre Fisher Cop 1/9/2022 | | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS IN | 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 |
| Section# C/NC R Harraute | | To be contected by |
| WING 17187 | | |
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