

## 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 narrative portion of this report.

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Establishm		,	# 9279	Telephone Number  Stablishment	Date of Insp (mm/dd/yr)	pection ID #
	reent	S (11111	mber and street, city, state, ZIP code		, .	12 127
2620 S. Western Ave MARION				(4680 Wher 08	10-22	18 4/
Owner	and the second s	**********************	0	Purpose:	Follow-up Release Date	
Wala	reen	S	Corp	1. Routine		10 days
Owner's A	ddress	90	<i>p</i> )	Follow-up     Complaint		
Person in C		- L		4. Pre-Operational	C NCR	
Anne	Bal	()		5. Temporary		
Responsibl	e Person's	E-mai	iI	6. HACCP	Menu Type (See back of page)	
G de la	1 77			7. Other ( <i>list</i> )	1.1/2	2 4 5
Certified F	ood Handl	er A			1 1 2 3 4 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	ano museus proprieta de la companya		To Be Corrected By
						Bossessia.
			- No violations at this	time -		
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				AMMADAN 1949-194		
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Anne Bales Stare Manager Dew Small FSTD						
Received by (signature):						
Cenne Baler Vear Mall FSTO						
cc:	ogentuation occurrence de allerd	minute et landa de la co	cc:		ce:	