

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.

The time m	mit for corr	ecno	n of each violation is specified in the narrative portion of this	report.	1701			
Establishmo	^ ^	-	Phillips 44	Telephone Number () () () Establishment	Date of Inspection ID #			
Establishme	ent Addres		mber and sheet, city, state, ZIP code) WHShine Tim St.	629 8611	10-2	218	27	
Owner 1				Purpose:	Follow-up Release Date			
Jaginit South				I. Routine	· 10 Jan 5			
Owner's Address				2. Follow-up	Summary of Violations:			
501	7 K	re	stwick Sq Manion	3. Complaint				
Person in C		^ _	1, 0	4. Pre-Operational	$C \perp NC \leq R \leq$			
Ann	ا ما ۵	M	of tani	5. Temporary				
Responsible	Person's I	E-ma	il	6. HACCP	Menu Type (See back of page)			
		107444444444		7. Other (<i>list</i>)	1.10			
Certified Fo		r		7. Other (ast)	1_1/2345			
N/A								
• 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 Co	rrected By	
297	NC	in//herosteiri	Norals of Change in & to	My ANITA to i	nelid	70 h	f1N	
	,,,	C Norals of Cappy cu'no & tray ANDA to includ 10 Apry Smoothies machine & Pepsy - weed to be						
				10 huc	4	$\overline{}$	<i>y</i>	
			Cleaned At least every 2	y rucs.				
						-(-		
1244	<i>C.</i>		hand sink in box pop ARBA blocked w/					
~//			TANDSINK IN DOX POP AREA blocked w/ TANDERY BAG ALSO DEBUS IN SINK-ONLY					
i			used for washing hands					
	TOUGHT THOUSE							
600	600 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
298	NC		Microwave is soiled w/ dried food on					
			inside.					
					1	7		
243	NC		Single See He ixoma stored	Jean ARISA A	mort		7	
	43 NC Single Serve ixems stored Clean ARBH ANT ("on higher fear floor box pap ARBH AND OF OF PARENTES							
		ļ	a Class Add 7 is	T HOMINGON)	
			ogra mad.	- I AMERICAN I			/	
				001-1-(-1	11/2			
216	NC		Walk in Coolen - Ago. o	+ Unverluse n	1,11			
	busted on floor-wall, Needs Clemica up							
					Γ			
Received by (name and title printed): Inspected by (name and title printed):								
1 No. C. M. net								
Amony MULTANI DEAN SMAN PSF								
Received by (signature)! Inspected by (signature)! Inspected by (signature)! Inspected by (signature)!								
		v	p Mit hand	Dler HUM	F	140		
cc: cc:								