

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 Sauitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ent Name	40		Telephone Number	Date of Yn (mm/dd/yr	spection ID#
triendly Monket IL				(New Establishment		
Establishment Address (number and street, city, state, ZIP code)				() Owner 9	10-23	-18 27
1314	· 1/1	9	10th St. MARION	(664) 2 wed 191	,	
Owne)	1 0		i same	Purpose:	Follow-u	p Release Date
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Owner's Address					G	
				2. Follow-up	Summar	y of Violations:
and the same of th		1/(1	NR LY CARLING FAC	3. Complaint	1 .	_ NC/_ R/_
Person in C	harge	,		4. Pre-Operational	C	NC_/ R_/
<i>H-</i>	TAD	4/		5. Temporary	2000	
Responsible	Person's	E-ma	il _	6. HACCP	Menu Type (See back of page)	
					V	
Certified Fo	od Handl	er,	1,	7. Other (list)	1 / 2	345
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CONTROL AND ADDRESS AND ADDRESS AND ALL AND AL						
• CRITICAL ITEMS ARE ÍDENTIFIED 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
243	NC		IN back Storage Single Sex on flook and in Store potabe (Flook - Needs to 6" up off	wice cape long	ıl	todou
2/3	10	1	THE BACK STOPING & STROLD FOR	var aps area	19	10 4/19
		/	but look and in store potate	ships directly or)) 	
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