

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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Establishment Name TIONEER - Zwi Store									Telephone Number () Establishment	1	Date of Ins (mm/dd/yr)	pection	ID#	
									70-	4	100	1-10	27	
Establishment Address (number and street, city, state, ZIP code) 4201 S. WASMINGTON S.									(67) wner 3/1		ı	6-18	0/	
Vieweer College Conference									Purpose: 1. Routine		Follow-up	Releas	se Date	
Owner's Address										ŀ	Summary of Violations:			
									2. Follow-up	- 1	Summary	of Violatio	ons:	
363 Glenross Ave /N									3. Complaint	- 1				
Person in Charge									4. Pre-Operational	- 1	C	_NC_	R	
DIANK WINE									5. Temporary					
Responsible Person's E-mail											Menu Ty	pe <i>(See bac</i>	k of page)	
NIA									6. HACCP					
Certified Food Handler									7. Other (list)		1/12	3	4 5	
W/W											7			
• 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													orrected By	
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