

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

*	•	
Establishment Name	Telephone Number ()(L)) Establishment	Date of Inspection ID # (mm/pd/yr)
Establishment Address (such as and start after start 7/10 and)		11/18/20
Establishment Address (number and street, city, state, ZIP code)	Let grows 10	11-1-18 21
Owner / / / /	Purpose:	Follow-up Release Date
('ANR)// Love/Anda	J. Routine	10 hous
Owner's Address	2. Follow-up	
12112 S Mellera Aco Marino	_	Summary of Violations:
Person in Charge	3. Complaint	.) 2 . /
ATA CANA Stombough	4. Pre-Operational 5. Temporary	c nc_3 r
Responsible Person's E-mail		Menu Type (See back of page)
N/A '	6. HACCP	٦/
Certified Food Handler	7. Other (list)	1 2 3 4 5
MAST NEW GANT EDD 6-2019		
• 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"		
	MINIARI OF VIOLATIONS" AN	
Section# C/NC R Narrative		To Be Corrected By
430 NC 7-10 floor Hiles through a	out to inched	30 days
restrooms - fix or replace		
	2 1	,
295 NED Metal table under Spill Soiled all Today		
dolled for I depute		
aja co jul a ciergas		
298 NC TWESTE MICROWANNE SOTTED W to Sort		
old frod depris		
1		
344 C hand sink blocker w) Plastic bases corrected		
Ctc. HAND SWIK IS to be lessed myly to		
Le ASh hards		
Received by (name and title printed):	Inspected by (name and title p	rinted):
Carroll W. Love lady	LATION 15-	MAN (1540
Received by (signature):	Inspected by (signature):	1 Cost
Colla Hey	Wentel	V HO
cc: cc:		Ge:
/ I		l .