

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.

	mint for Cor.	-	ii of each violation is specified in the hai	rative portion or tim	o reporti		- 1 -	
Establishn	nent Name	D 05,	L 2462		Telephone Number Establishment	Date of Insp (mm/dd/yr)	ection	ID#
Establishment Address (number and street_city, state, ZIP code)					Establishment Owner Owner	//-/-	18	27
Owner	<u> </u>	\mathcal{U}	ASLINGTON S M	HUOV	W 8 1638 Purpose:	Follow-up	Relea	se Date
Owner's A	Lber	5			1. Routine	NO		Dry S
	MF				2. Follow-up 3. Complaint	Summary		ons: A
Person in Charge					4. Pre-Operational	C NC R		
SUSIAN BARR Responsible Person's E-mail					- 5. Temporary	Menu Type (See back of page)		
Certified Food Handler					6. HACCP 7. Other (<i>list</i>)			
Lin	,	A I	orn epo 3/2		123//_45			
• 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	0.1.	Narrative			To Be C	orrected By
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