

## 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.							
Establishme	nt Name			Telephone Number	Date of Ins (mm/ad/yr)	spection	ID#
A1161	N EL	EI	MENTARY	769 667 2514	/ /	, 1	27
Establishment Address (number and street, city, state, ZIP code)				( ) Owner	11/16	5/18	61
1115	EAST		BRADGED St. MARION		•	•	
Owner		<b>∼</b>		Purpose:	Follow-u		Date
Marion Community Schools				1. Routine	NO 11/15/18		
Owner's Address				2. Follow-up	Summary of Violations:		
		SA	ME	3. Complaint	A.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C		
Person in C	harge			4. Pre-Operational	C NC R		
CAR	NYIO	i	SHUGART	_			
Responsible			1	5. Temporary	Menu Type (See back of page)		
			NA	6. HACCP			1/
Certified Fo	od Handle	ľ		7. Other (list)	1 2 3 4 5		
			NA				ļ
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
1					ID IN THE I	NADDATIVE:	RELOW AS "R"
• 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		nendari indici da manda Silonga up mana	To Be Co	rrected By
				- Livering and the second of t			
			No Violations AT	THIS			
			INSDECT	(A)			
			TOSPECI.	1010			
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						<del>                                     </del>	
Received by (name and title printed):  Inspected by (name and title printed):							
CATOTA CHARGA							
Received by (signature):							
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