

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 Santation Requirements.

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

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Establishment Name Lower Stade Lelo				Telephone Number (1) Establishment	Date of Inspection ID # (mm/dd/yr)
Establishme	STAGE ent Addres		nber and street, city, state, ZIP code)	Owner	11010120
6271 E SOUS GAR CILY				674 5070	//-9-18 27
Owner				Purpose:	Follow-up Release Date
Warren John Son				1. Routine	NU /V days
Owner's Address 5824 Plum Blud (Manu) Pal				2. Follow-up	Summary of Violations:
Person in Charge /				3. Complaint	C / NC / R
Michelle Techen				4. Pre-Operational	C_/ NC_/ R_
Responsible Person's E-mail				5. Temporary 6. HACCP	Menu Type (See back of page)
NIA				7. Other (list)	1
Certified Food Handler					12/_345
N/A					
• 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	representation in the contribute construction and the contribute contribute of the c	To Be Corrected By
439	C		Seperation of Chemicals Dusanio	ous from Wews	le Today
1 - (bo	Hlo	Seperation of Chemicals possensia Bleach Silling At 3 bay SINK		Corresed
		14 1 C	5, 5, 6, 7, 7, 7		
				. /	,
347	NO		Hundsink IN back NO Nagen	towel	Desary 1
\mathcal{O}	190		A Paper towel was located &	Ä	Corverted
			10 1 gan 1000g ons 10011190 A	O	wires)()
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				A CONTRACTOR OF THE CONTRACTOR	
				- MANTO-NATA	
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				we see a	
		1		A Company	7
Received by (name and title printed): D. Micholie Tester Inspected by (name and title printed):					
Received by (signature): Inspected by (signature):					
2. When Tust					
cc: cc: cc:					