

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.

The time mint for correction of each violation is specified in the narrative portion of the		
VIII Age Pantay #5636	Telephone Number (168) Establishment	Date of Inspection ID #
Establishment Address (number and street, city, state, ZIP code)	(NApmal pd)	119 10 27
6296 ESOOS GAS Ctu	1614 1010	11-9-18 /
Owner Owner	Purpose:	Follow-up Release Date
Village Partrey	1. Routine	NO Wary
Own and Address	2. Follow-up	Summary of Violations:
8295 MAGELLAN PKWY St 400 VA	3. Complaint	_
Person in Charge	7	$c \neq Nc \neq R$
	4. Pre-Operational	
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
Responsible reison's E-mail	6. НАССР	
N M	7. Other (list)	1 2 3 4 5
Scott Phyla - epp 9/2623		1/
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS	MARKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	UMMARY OF VIOLATIONS" AN	√D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative		To Be Corrected By
Section, Citie II	all casilian	+ 1,
297 NC Sour Apple Slush has A dr	ark Jesnous	10 dry
Up UNGLIT.		
298 MC Inside of Microwave So		tola
298 MC INSIDE OF MICROWAVE SO	/ red	1 Con
191 C Meat in Floor coolen TE opened but no date MAR	ROAST beet	Corrected
some I but no date made	VMa	
Over a polytic diffe with	9117	
	<u> </u>	
	<u> </u>	
	- 107	
Received by (name and title printed):	Inspected by (name and title	11 8/24
1 My tithen 11 12,	Depu Sm	mil 1550
Received by (signature):	Inspected by (signature):	
1 Xarattamultan	I h) and L'all	1 FOIL 8
1 200	1 New once	CC:
cc: cc:		
· .		

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT



Phone: Address V	(6)
tax 7015 6051-24	119

Grant County Health Department 401 S. Adams St. Marion, IN. 46953

DATE: 18 Action Taken: Action Taken: MICROWAVE COMPLETED
employees the procedure
II/11/18 Completed
(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).
Name of Respondent: Title: Title:
Establishment Name: VI Ay HAOTY Address: 62968 DO So. Gab City Hadis
1 4043

Attach additional sheets as needed.