

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.

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Establishme			Д. э	Telephone Number	Date of In (mm/dd/yr	spection ID #
DollA	<u>r Ge</u>	112	cal Store # 26/2	(Establishment		
Establishme	ent Addres	s (nui	mber and street, city, state, ZIP code)	- Charles	1/1-13	3-18 27 1
1626	6-11	100	St. Girs City	D	' Tallana	p Release Date
Owner				Purpose:	Follow-u	p Release Date 10 MJS
Owner's Ac	1 COM) —	LLU	Routine	(Automorphisms and Automorphisms and Automorphis	
		٠ <u>.</u> .	Cillo Tal	2. Follow-up	Summar	y of Violations:
Person in C	Mula 3	m	Rilge 714	3. Complaint	C / NC / R	
Jord	<u> </u>	١.)	1., "	4. Pre-Operational	~	_ NC
Responsible		E-ma	ii \	5. Temporary	Menu Type (See back of page)	
-		1 m	1	6. HACCP	1 10	
Certified Fo	ood Handle	ļ T		7. Other (list)	1/1_2	345
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• 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			To Be Corrected By
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Received by (name and title printed): Inspected by (name and title printed):						
Gordyn Lilly Gelan Small FSCO						
Received by (signature): Inspected by (signature):						
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