

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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SHAR bucke GH	Peo #11502	Telephone Number (P) Establishment	Date of Inspection (mm/dd/yr)	ID#
Establishment Address (number and s.	treet, city, state, ZIP code) DIV d 1918 GHU	1170wne0905	11-13-18	27
Owner C	100 1903 414	Purpose:	Follow-up Relea	se Date
OFFICE CORP		1. Routine	1/00/49)	
Owner's Address P. D. Box 34447 eachow 2		2. Follow-up	Summary of Violations:	
Person in Charge		3. Complaint 4. Pre-Operational	1 C NC 3 R	
Josefyn Carter		5. Temporary	Mar Trans (Carlot Lafe Carro)	
Responsible Person's E-mail		6. НАССР	Menu Type (See back of page)	
Certified Food Handler		7. Other (list)	1 2 3 4 5	
MARY Dewa				
• 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 C	orrected By
344 C Khon	d sink in back block	led by brown/	70.	ppy
due!	pan AND Cones.	/ '		
	1 1			<i>,</i>
218 NC CAS	ivet door up front is	broken. Need	c = 10 c	Mys
fixe	fixed or replaced.			
Data I I I and I I am I I				
295 C ON Counter Knife solled laying on top. Corrected.				
345 C 14m	d stull up front s	foiled Also A	1145	
Coffe	e beans in lit. Hand	Sinkle pre for	2	:
Employees weshing there hand s				
V	1			1
129 C emp		han grassbing	1 70	dry
toold	arrabe paper & food Int	even washed 1	rands	
				,
295 NC Hor		include un de	ur Tod	rgy
l egy u	probt heavily soiled			
			1 1 2	/20
295 NC Metal Cylinders holding Strans is Sofledon Tuday				
Received by (name and title printed): Inspected by (name and title printed): Mary Dewar Inspected by (name and title printed): DEVAN SNUAL FSIO				
Received by (signature):		Inspected by (signature):		
May Hena	7	Klein Kr ll	FSF	
cc:	cc:	No. of the contract of the con	cc:	occupation and a second se
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