

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.						
Establishment Name				Telephone Number	Date of Inspec	tion ID#
All	Abu	1	13 46	(765) Establishment		-18
Establishme			nber and street, city, state, ZIP code)	()Owner ,	A To	111 22
1129	Λ		eldum Ave MARION	loles Nele	021	46 21
1121	7Ψ.	U	acourt Hic Little	Purpose:	Follow-up	Release Date
Owner	116	0,	rosp	1. Routine		10 days
Thom		10				
Owner's Ac		7 .	231 MARION	2. Follow-up	Summary of	Violations:
and the second s	Box	12	231 11/18/0010	3. Complaint	-	No.
Personyin C		0)	4. Pre-Operational	C	NC R
1/om	UPS_	5	OP	5. Temporary	California de la Califo	
Responsible	e Person's	E-mai	il /	6. HACCP	Menu Type (See back of page)	
N	/ IF				11	·
Certified F	opd Handl	er		7. Other (list)	12	345
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AND ADDRESS OF THE CHECKLE OF AND MADD ATIVE COLUMNS MADIZED "C"						
• 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		Т	o Be Corrected By
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Received by (name and title printed): Inspected by (name and title printed):						
Tom Ker, owner DEAN Small FSF3						
Received by (signature)						
Wearhood Well						
cc:			<i>U</i> cc:		1	