

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 CMC &	nt Name	¥ 2212	Telephone Number (76%) Establishment	Date of Ins (mm/dd/yr)		ID#
Establishme	nt Address	s (number and street, city, state, ZIP code) 2 St Marion	66233945	12-8-18 27		
Owner MRCS	Consi	ience Store LLC	Purpose:	Follow-up Release Date / Jo Joy S		
Owner's Ad			2. Follow-up	Summary of Violations:		
Person in Cl	harge	347 Cohombus In	3. Complaint 4. Pre-Operational	C NC R		
Responsible	HWY Person's I	E-mail	5. Temporary	Menu Type (See back of page)		
N	A'		6. HACCP			
Certified Fo	od Handle A	r	7. Other (<i>list</i>)	1 2 3 4 5		
• 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	1		To Be Co	orrected By
191		to expire 12-6-2018	5 pusage bisait in cooler date marked			
	Also Tunchable in Corber date Manked Nov 2018 A					neso
Also I wach plote in Corber date Mypalled Nov 2018 Do Also 7 Nesquik Proton Chochlate Laruk						1
	duste marked Nov 2018				Brs con day	
20.	295 NC Gehls MACHO MACHINE Softed W/ old Cheeps Tology					
295	MC		oke debris			
		CHECK CONTROL				
			,			
	,		- t			
					.	
Received by (name and title printed): Inspected by (name and title printed):						
Britany McPharson Down Small PSDD						
Received by (signature): Inspected by (signature) Received by (signature) Received by (signature) Received by (signature)						
cc: CC: CC: CC:						
**.		7		1		