

## 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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Establishment Name						Telephone Number (164 Establishment	Date of Ins (mm/dd/yr)		
Establishment Address (number and street, city, state, ZIP code)						God gwn 9222	12-11	1-18 27	
826 N. Beldwin Hue Maxion									
Owner						Purpose:	Follow-up	· 1 . /	
Owner's Address						. Routine		10 drys	
3695B Boardman-Confield Rd Off						2. Follow-up	1	y of Violations:	
Person in Charge						3. Complaint	- c $l$	$_{NC}3_{R}$	
Justin Nelson						4. Pre-Operational 5. Temporary			
Responsible Person's E-mail						6. HACCP	Menu Ty	pe (See back of page)	
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Certified Food Hanfilery  Milly Wed Son Exp 4-2020							12/345		
• 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"									
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