

## 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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Establishm		ì	# 6051	Telephone Number			ID#
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Establishm	ent Addres	s (nun	nber and street, city, state, ZIP code)	( ) Owner			27
450	<u>Z 5.</u>	A	plus Si. Marion				
Owner		-1		Purpose:	Follow-u		se Date
SPE	DUUS	4	HC	1. Routine	NO IZIZI/18		
Owner's A	ddress	<i>,</i> ~ =		2. Follow-up	Summary of Violations:		
YO13	30/2/6	SC)	D Springfibild OH HURON	3. Complaint	and the second s		
Person in C	Charge			4. Pre-Operational	C NC R		
				5. Temporary			
Responsibl	e Person's	E-mai		6. НАССР	Menu Type (See back of page)		
7/	unanima anamana anamana a	aniestraktorostos	NA	7. Other (list)	1.4.		
Certified F	ood Handl	er	NA	7. Other (nsi)	1345		
• 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	and the second s	and the second s	To Be Co	orrected By
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			Inspection	311 1413			
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Received by (name and title printed):  Inspected by (name and title printed):							
× Norma Huron Kale Gyn - FSDO							
Received by (signature): Inspected by (signature):							
x normatturen Kldv M-1970							
cc:							