

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	ent Name,	L -							Telephone Number		of Inspec /dd/yr)	tion	ID#
(1)S #24R4									(() Establishment	("""	,]
Establishment Address (number and street, city, state, ZIP code)									674) Owner 65	15	12	10	クラ
4630 S. Western Ave									617 5085	112	-12-		41
Owner									Purpose:	Foll	ow-up	Releas	e Date
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Owner's Address								(2. Follow-up	Summary of Violations:			
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UNE CUI DRIVE LI									3. Complaint	1,		NIC	
Person in Charge								1	4. Pre-Operational			NC	K
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Responsible Person's E-mail									6. НАССР	Mei	iu Type	(See back	k of page)
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Certified Food Handler								1	7. Other (list)	1 1	2	3	_45
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• 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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