

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

1/19 we

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.

1 110 111110 11			n of each violation is specified in the narrative portion of this		The second distribution of the second distributi
Establishm Framy	1	20/	he Store 23844	Telephone Number () Establishment	Date of Inspection (mm/dd/yr)
	ent Addres	is (nu	mber and street, city, state, ZIP code)	1064 Owner 7241	12-14-18 27
Owner	<u>)(14</u>	an M	ms or morner	Purpose:	Follow-up Release Date
Family Dullow Stores of IN				1 Routine	- 10 lay 8
Owner's Address				2. Follow-up	Summary of Violations:
,				3. Complaint	. ,
Person in C	harge	<u>DEMONSTRUCTURE</u>		4. Pre-Operational	CNC R
She/	14 8º		nopb	5. Temporary	
Responsibl	e Person's	E-ma	ก้	6. HACCP	Menu Type (See back of page)
		yeens salkelene		7. Other (<i>list</i>)	$I \cdot V$
Certified Food Handler					1 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		To Be Corrected By
243	NC		Scotts proper tower and Ango, directly or floor be' wip off	Sett Tp Sills	ng Young
•			direction or flore 10" vis off	- Home	7 1
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