

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	*	D	RIVE THRU CONV	Telephone Number () 6 Establishment	Date of Inspection (mm/dd/yr) ID #			
Establish m	ent Addre	ss (nu	mber and street, city, state, ZIP code)	4 ′ ~	1-21	(~>	27	
Establishment Address (number and street, city, state, ZIP code) 157 W M41A1 ST G95C1+4 674-4400						1 1/20 0 1		
Owner	1 1/			Purpose:	Follow-up Release Date			
1	19×-	۷ (Chapman	1 (Routine	NO 100ays			
Owner's A		_ ,	(in the C Till	2. Follow-up	Summary of Violations:			
Person in C	CHARLES AND A	<u> </u>	1D GAS CITY	3. Complaint	C - NC 2 R 2			
M	41 1	OL (I	ah 1	4. Pre-Operational	$\frac{C}{R} = \frac{R}{R} = \frac{R}{R}$			
Responsible	e Person's	E-ma	ii / N. / O	5. Temporary	Menu Type (See back of page)			
				6. HACCP				
Certified F	ood Handl	er 🧷	Napman F7/1-2023	7. Other (<i>list</i>)	123/\ 45			
• 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		CPSTANTANTANANANANANANANANANANANANANANANAN	www.misselfieeinssiese	orrected By	
247	NC	X		nerles are	r	Teil	9(/	
CX - (-	beauty Soiled with Re	200 de 6005		<i></i>	7	
			DC90 1 9 30 1 40 00 1 71			-		
745	NC	X	PIZZa OVEN May 15 2	soiled with		rad	a(/	
1-			Food Deblis		,			
			1 000					
	-	 				** *		
Received by (name and title printed): Inspected by (name and title printed):								
ITICH VULLYIN SCOTT FELLENOCH								
Received by (signature): Inspected by (signatur								
cc:								
			<i>U</i> ^{cc.}					

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111 Fax 765-651-2419 PATE / 21/73
Fax 765-651-2419 DATE: 1-31/23
Grant County Health Department 401 S. Adams St. Marion, IN. 46953
PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.
The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on $1-31-33$.
DATE: Action Taken: 1-31-23 CAPPUCINO NORTHS Cleaned = Taken Apart and Cleaned Fame Day 1-31-23 Pizza Tray Cleaned Same Day
Margon In Starting a Vaily Check Cheming list So these Things Now Get Missed or Gorgets to.
(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)
Name of Respondent: Bo Chapman
Address: 187. W Main SI GAS GH FW (693)