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.

Establishment Name CINNABON / AUNTIE ANNE'S	**Telephone Number** (765) Establishment (588-7488) Owner	**Date of Inspection** *(mm/dd/yr)* 2-9-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 6255 State Rd 18 MARION			
Owner Pilot Travel Centers LLC	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 10 DAYS
Owner's Address PO BOX 10146	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge KRISTEN	4. Pre-Operational 5. Temporary	C— NC— R—	
Responsible Person's E-mail	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler N/A	7. Other *(list)*	1 X 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
			NO VIOLATIONS	

Received by *(name and title printed)*: Kirsten Brown	Inspected by *(name and title printed)*: Scott Gilkendall
Received by *(signature)*: Kirsten Brown	Inspected by *(signature)*: Scott Gilkendall EHS

cc:	cc:	cc: