

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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Establishment Name	Telephone Number () Establishment	Date of Inspection ID # (mm/dd/yr)
	- Clet	1/2 1/2
Establishment Address (number and street, city, state, ZIP code)	662-0384	4-26:23 27
Owner Charles on Chara 11C	Purpose: 1. Routine	Follow-up Release Date
Owner's Address	2 Follow-up	Summary of Violations:
1-0. 5-00 341 Columbus	3. Complaint	
Person in Charge	4. Pre-Operational	CNC R
Julia Birchett Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
Responsible Ferson's E-man	6. НАССР	Menu Type (See oues of page)
Certified Food Handler	7. Other (list)	12/1_345
N/A		
• 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
295 NC Fillown "Non Ford" Confret it	us is sorted	to Say
Whatever front laker		P
Child state fairen		
1) Bottom of Riller Gmill		
)		
2 Chang Con broad at Calla Station		
2 Sugar arway of costs states		
D. D. L. M. L. Classe		
5) Dox pop realing on to 1 low		
0,2,10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
243 NC To Go Cups Stry delette on flowin Sex		
	A CONTRACTOR OF THE CONTRACTOR	
	and the second	
Received by (name and title printed): Inspected by (name and title printed):		
Julia Rivenott Donn Small		
Received by (signature): Inspected by (signature):		
Received by (signature): Inspected by (signature): Julia Birchett Illustual 1814		
cc(cc: