

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	Date of Inspection ID # (mm/dd/yr)	
DULLAR GENEVAL 3336				1003	1611 20 747	
Establishment Address (number and street, city, state, ZIP code) 4815 S. Western HV				293 wner / 18	4-4-23 27	
Qwner A ,				Purpose:	Follow-up Release Date	
De gen Coup LLC				1 Routine	NO 10 Sus	
Owner's Address				2. Pollow-up	Summary of Violations:	
7/				· ·	Summary of Violations:	
Person in Charge				3. Complaint		
rersonan C	narge			4. Pre-Operational	C NC R	
1049217				5. Temporary		
Responsible Person's E-mail				6. HACCP	Menu Type (See back of page)	
					l la	
Certified Flood Handler				7. Other (list)	1 2 3 4 5	
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CONTROL A PREMICA DE VERNEUERE DA PARA CUE CALLANDA A DE ATRACTO CON LIMANO MA DIVERDA (CON						
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	arkonklijkingarilahoogoo see suuramanin maarikka saraan saraan saraa (Militalyys Militaly) kaliin sa te	To Be Corrected By	
		Secretary Control				
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431	NC		Flooring is strong / Solec throughout			
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			Contac- Suites			
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Received by (name and title printed): Supported by (name And title printed):						
Marissa Anderson Dem Snall 1890						
Received by (signature): Inspected by (signature):						
Meins Inde						
cc: cc: cc:						