

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 (mm/dd/yr)
Pollyn Gervaral # 7369				Establishment	2 - 2 27
Establishment Address (number and street, city, state, ZIP code)				243-7650	5-1523 01
1104 N Baldwin Ave Marion 2					Follow-up Release Date
Owner				Purpose:	MO 16 (VXI)
Owner's Address				1. Routine	
LOS MICCIA RICAD				2. Follow-up	Summary of Violations:
Person in Charge				3. Complaint	C NC R
				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
- Committee Comm				6. НАССР	
Certified Food Handler				7. Other (list)	1 2 3 4 5
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• 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
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