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: Hometown Express #3	**Telephone Number**: (765) Establishment ( ) Owner 661-1563	**Date of Inspection** (*mm/dd/yr*): 1-26-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 216 N Main St Fairmount			
Owner: Aaron Caudell	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 days
Owner's Address: 9651 S 100 W Fairmount	2. Follow-up 3. Complaint	**Summary of Violations:** C__ NC__ R__	
Person in Charge: Betty	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail: —	6. HACCP 7. Other (*list*) _____	**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: 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
			NO Violations	

Received by (*name and title printed*): Elizabeth Ward	Inspected by (*name and title printed*): Scott Kendall
Received by (*signature*): Elizabeth Ward	Inspected by (*signature*): Scott Kendall FSIO
cc:	cc:
cc:	cc: