

## 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 #
KAMMUS RAH	( ) Establishment	23
Establishment Address (number and street, city (state, ZIP gode)	19/19/19/19	11223 d/
11 10 70 Sines Build	5 13 7 10	
Owner 1	Purpose:	Follow-up Release Date
Owner's Address O	Routine	10 10 (VAC)
Owner's Address	2. Follow-up	Summary of Violations:
Person in Charge	3. Complaint	
L A Muns	4. Pre-Operational	C_(_ NC_/_ R
Responsible Person's E-mail	5. Temporary	Menu Type (See back of page)
	6. HACCP	
Certified Footh Handler	7. Other (list)	$1   2   3 \times 4   5$
Brench Helauth ear & 2024		
• 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	MINIARI OF VIOLATIONS AN	To Be Corrected By
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	023 on 4	14 7 1 1
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305 NC) Had System ed houst Aprice Oct / Med C / 10 MM		
Cleared DIN PILLUL TO MOS		
Charle de Live Arter a la l		
Received by (name and title printed):	Inspected by (name and little p	rinted:
Same DUTS		
Received by (signature):  Inspected by (signature);		
11:14	TI Jan Lill	1 HTP)
Maniny Dells	AWITUL	130
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## GRANT COUNTY HEALTH DEPARTMENT

765-651-2401 Ext. 3123 / 3111 765-651-2419 Fax DATE: Jan 31, 2023 **Grant County Health Department** 401 S. Adams St. Marion, IN. 46953 PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS. The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott kikendall from the Grant Co. Health Department on 123-23 **Action Taken:** DATE: Good thrown out. Reminden date items when they take them out of the Greeger. Called Aqua Cleaner and waiting on them to schodule a time for the Hafe. I will sent appt time ASAP -25-23 Master Glood Cleaning no longer does it. (PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS) Name of Respondent: Hammy Wilts Title: Duner Address: 119 E. 4th St. Gonesbord, In 46938