

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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Establishme	ent Name	لإ	Tema	Anns	mad denomination of the State o		Telephone Number () Establishment	Date of (mm/de	f Inspection d/yr)	ID#	
Establishment Address (number and street, only, state, ZIP code)						need correction to consider the construction of the construction o	() Owner	1-1	7-23	27	
Markon Community Schol							Purpose:	Follow	Follow-up Release Date		
Owner's Address							2. Follow-up	Summ	Summary of Violations:		
Person in Charge							3. Complaint 4. Pre-Operational	nal CNCR			
Responsible Person's E-mail						production and the product of the state of t	5. Temporary 6. HACCP	Menu	Menu Type (See back of page)		
Certified Pood Handler Certified Pood Handler Certified Pood Handler Certified Pood 5 2025						70-	7. Other (list) 1234\[\frac{1}{5}				
• 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 C	orrected By	
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Received by	(signature)	ich	Lenn	, vi	200.000	TOTAL STATE OF THE	Inspected by (signature)	n molle	A FS	50	
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