

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 parrative portion of this report.

I ne time iii	mit for corr	ection	n of each violation is specified in the narrative portion of thi	s report.				
Establishm MA-1	ent Name 〜 どいい	R	P	Telephone Number () Establishment	Date of In (mm/dd/y		ID#	
Establishm	ent Address		nber and street, city, state, ZIP code) PSPELN AVC	() Owner	4-10	0.23	27	
Owner		<u>س</u> ا	ISPER TO	Purpose:	Follow-up Release Date			
Jany Lingh				1. Routine	10 days			
Owner's A				2. Follow-up	Summary of Violations:			
`				3. Complaint				
Person in C	Charge	ono construiti		7 '	$C_{NC} \rightarrow R_{-}$			
				4. Pre-Operational				
Responsible	e Person's E	C-mai		5. Temporary	Menu Type (See back of page)			
<u> </u>				6. HACCP	\ \x7			
Certified F	ood Handle	r		7. Other (list)	12/\dots_345			
• 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			idgari-romania	orrected By	
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Received by (name and title printed): Inspected by (name and title printed):								
Received by (signature):								
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cc:			cc:		cc:			