

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.

t ne time timit for correction of each violation is specified in the narrative portion of this report.				
Establishm	ent Name	01415	Telephone Number	Date of Inspection (mm/dd/yr) ID #
11100	URR	UI " D	(/6) instablishment	122017
Establishm	ent Address	s (number and street, city, state, ZIP code)	(1) Owner 77/	12-8-87 1×1
X D	<u> </u>	Baldwin Ale Marion		Follow-up Release,Date
Owner	1111	a Ail Cado	Purpose:	Follow-up Release Date
(V)	Cludi	e Oil (off)	1. Routine	
Owner's A	$\overset{\text{unifess}}{\triangleright} \wedge \cdot$	r 1750 marjon	2. Follow-up	Summary of Violations:
Person in C	barge (((7)) (1)	3. Complaint	$C - NC \rightarrow R$
	2N/)	/	4. Pre-Operational	C NC R
Responsible		/ ?-mail	- 5. Temporary	Menu Type (See back of page)
responsible	1	3 	6. НАССР	A -
Certified Food Handler			7. Other (<i>list</i>)	$\begin{vmatrix} 1 & 2 \\ 3 & 4 & 5 \end{vmatrix}$
NA				
• 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	1	To Be Corrected By
248	NC	TOP THSCOR OF MICROW	aue 13 Soild	Today
		with Foot debalis		(/
				%
205	295 NC TRAYON GRAIS Nacha Machine 15			
1042				
		head 14 soll solled with dilled and		
		00000		
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Received by (name and title printed): Inspected by (name and title printed):				
Well the				
Received by (signature): Inspected by (signature):				
Dondy Dard Scott 14 horal All to				
CC: CC:				