



**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 <i>Kulers Foods # 239</i>		Telephone Number <i>(762) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i>	ID #
Establishment Address (number and street, city, state, ZIP code) <i>1129 N Baldwin</i>		<i>(662) 9660</i>	<i>3-14-23</i>	<i>27</i>
Owner <i>Kroger Limited Partnership</i>	Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>P.O. Box 305103 TN</i>	Summary of Violations: <i>C <u> </u> NC <u> </u> R <u> </u></i>	Menu Type (See back of page) <i>1 / 2 3 4 5</i>		
Person in Charge <i>Randy</i>				
Responsible Person's E-mail <u> </u>				
Certified Food Handler <i>N/A</i>				

• 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
			<i>No violations</i>	

Received by (name and title printed): <i>RANDY THOMASON ASST. MANAGER</i>	Inspected by (name and title printed): <i>Dean Smith</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature] FSD 1</i>
cc:	cc: