

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	Telephone Number (6) Establishment	Date of Inspection (mm/dd/yr)
Estyplishment Address (number and street, gity, state, ZIP code)	1627	1-2 22 11
1227 Whash Hur	del 9 mg 44e]	53-23 27
Owner / P	urpose:	Follow-up Release Date
Joenswork L/	. Routine	NO 10 days
La	. Follow-up	Summary of Violations.
Payson in Charge	. Complaint	
Desirea	. Pre-Operational 5. Temporary	C NC R
Responsible Person's E-mail		Menu Type (See back of page)
	6. HACCP	h
Certified Food Handler	. Other (list)	12//_345
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MAR	RKED "C"	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMM	IARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narrative		To Be Corrected By
Section Cive A		20 30 0002 0000
ila Notal		
NO VIBINAUNS		
	NO OPERATION OF THE PROPERTY O	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Desirea Drale	spected by (name and ritle pr	rinted)
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