

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	Date of Ins	pection	ID#	
0	4200	,	Sw D	168 Establishment	(mm/dd/yr)			
		s (nui	mber and street, city, state, ZIP code)	() Owner	2-13	12	127 1	
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Owner				Purpose:	Follow-up	Relea	se Date	
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Owner's Ad	dress	all to company of the last	·	2. Follow-up	Summary of Violations:			
51	AM [3. Complaint	/	,)		
Person in Cl	narge			4. Pre-Operational	$C \ NC \ NC \ R$			
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Responsible	Person's l	E-ma	il		Menu Type (See back of page)			
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Certified Fo	od Handle	r		7. Other (list)	12	<u>///_3</u>	45	
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• 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"								
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