

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.

		ction of each violation is specified in the national ports		
Establishmo	ent Name Ray do	o Cale	Telephone Number Establishment	Date of Inspection (mm/dd/yr)
Establishme	ent Address	(number and street, city, state, ZIP code) MAN ST UP (AN (20) Swner 8002	1-24-23 27
Owner QL	Lerin	e Kenton Johnson	Purpose:	Follow-up Release Date
Owner's Ac	ddress	1000 E UPlan	2. Follow-up 3. Complaint	Summary of Violations:
Person in C	Charge QNNO		4. Pre-Operational	C NC R
Responsible	e Person's E-	mail	5. Temporary 6. HACCP	Menu Type (See back of page)
Certified Fo	ood Handler	enve 5207-2025	7. Other (list)	123/45
• 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 Narra	ative	To Be Corrected By
		No VIOLATIONS		
		1 10000		
			· ·	
	-			
		- Marian Carana		
Received by (name and title printed): Premo MC (vew Jac)				
Received by (signature): Inspected by (signature):				
Domson Statthendal +510				
cc: cc:				