



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>31 Club</i>	Telephone Number <i>748-1883</i>	Date of Inspection (mm/dd/yr) <i>5-29-25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3113 Se Washington St</i>			
Owner <i>Adayer LLC</i>	Purpose: <ul style="list-style-type: none">1. Routine2. Follow-up3. Complaint4. Pre-Operational5. Temporary6. HACCP7. Other (list) <hr/>	Follow-up <i>NO</i>	Release Date
Owner's Address <i>Spokane</i>	Summary of Violations: <i>P - PF - E -</i>		
Person in Charge <i>Sam bi</i>	Menu Type (See back of page)		
Responsible Person's E-mail <i></i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>		
Certified Food Handler <i>CAF</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"

Received by (name and title printed):

Inspected by (name and title printed):

Received by (name and title printed):
Bambi Norris

Inspected by (name and title)

Received by (signature):

Illustrated by *[Signature]*

CC:

CC

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