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: Aldi #18	**Telephone Number**: ( ) Establishment ( ) Owner 517-5814	**Date of Inspection** (*mm/dd/yr*): 2-21-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2007 S Western Ave			
Owner: Aldi Indiana	**Purpose**: 1. Routine	**Follow-up**: no	**Release Date**: 10 days
Owner's Address: 486 E Stop 18 Rd	2. Follow-up	**Summary of Violations**:	
Person in Charge: Brett Frazier	3. Complaint	C___ NC___ R___	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
Certified Food Handler: NA	5. Temporary 6. HACCP 7. Other (*list*)	1 X 2 3 4 5	

- 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
			no violations	

Received by (*name and title printed*): Brett Frazier	Inspected by (*name and title printed*): April Legare FSIO
Received by (*signature*): Brett	Inspected by (*signature*): April Legare

cc:	cc:	cc: