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-~~22~~ 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: Arbor Trace Golf Club	Telephone Number: 765 Establishment; 662 Owner	Date of Inspection (mm/dd/yr): 662-8236	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 2500 E 550 N Marion			
Owner: Trey Rohrman	Purpose: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (list)	Follow-up: NO	Release Date: 10 days
Owner's Address: Lafayette IN		Summary of Violations: P ~~PF~~ ~~C~~	
Person in Charge: Blake			
Responsible Person's E-mail: —		Menu Type (See back of page): 1 2 X 3 4 5	
Certified Food Handler: Robert Piper Expired			

• 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
			CFPM is being obtained (renewed)	

Received by (name and title printed): BLAKE LEFAVOUR	Inspected by (name and title printed): Dean Smith
Received by (signature): B L	Inspected by (signature): Dean Smith
cc:	cc: / cc: