



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.

Form with fields: Establishment Name (CWS # 4621), Telephone Number (725) Establishment, Date of Inspection (4-23-24), ID # (27), Establishment Address (415 W 3rd St), Owner (Holk Super LLC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Kristie), Certified Food Handler (N/A), Summary of Violations (C - NC - R -), Menu Type (1 0 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"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains handwritten text 'No violations' in the Narrative column.

Form with fields: Received by (name and title printed): Kristi Robinson, Inspected by (name and title printed): Dean Small, Received by (signature): [Signature], Inspected by (signature): [Signature], cc: Kristi Robinson, cc: [Blank], cc: [Blank]