GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

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 Carey Services, INC	**Telephone Number** (765) Establishment ( ) Owner 668-8961	**Date of Inspection** (*mm/dd/yr*) 10/30/24	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 2724 So. Carey St., Marion		**Follow-up** NO	**Release Date** 10 Days
Owner Jim Allbaugh	**Purpose:** 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ______	**Summary of Violations:** C — NC — R —	
Owner's Address Same		**Menu Type** (*See back of page*) 1__ 2__ 3 X 4__ 5__	
Person in Charge April			
Responsible Person's E-mail —			
Certified Food Handler April Weaver issued 5/2024			

• 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*): April Weaver	Inspected by (*name and title printed*): Angela R McCallum
Received by (*signature*): april weaver	Inspected by (*signature*): ARMcCallum 7510

cc:	cc:	cc: