



## **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 <u>Conseus General Store</u>		Telephone Number (      ) Establishment <u>617-0305</u>	Date of Inspection (mm/dd/yr) <u>1-13-25</u>	ID # <u>27</u>
Establishment	Address (number and street, city, state, ZIP code) <u>601 W Main St.</u>			
Owner	<u>Conseus Marketing Co.</u>			
Owner's Address	<u>AN Kenney, TPA</u>			
Person in Charge	<u>ASHLEY</u>			
Responsible Person's E-mail	<u></u>			
Certified Food Handler	<u>Ashley Henderson</u>			
		Purpose: <input checked="" type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Complaint <input type="checkbox"/> 4. Pre-Operational <input type="checkbox"/> 5. Temporary <input type="checkbox"/> 6. HACCP <input type="checkbox"/> 7. Other (list) <u></u>	Follow-up <u>NO</u>	Release Date <u>10 day C</u>
Summary of Violations:  <u></u>				
C <u>  </u> NC <u>  </u> R <u>  </u>				
Menu Type (See back of page)  <u></u>				
1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u>				

• 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 (signature)

Digitized by srujanika@gmail.com

88

607

卷之三