



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 for Establishment Name (Cinnabon / Auntie Annus), Telephone Number (673-0059), Date of Inspection (2/23/24), ID # (27), Establishment Address (6255 State Rd 18E Marion), Owner (Pilot Travel Centers, LLC), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Sheila), Certified Food Handler (Tiffany Bishir 7/23/21).

- 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 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Row 1: NO VIOLATIONS

Signature fields: Received by (Sheila Picco), Inspected by (Paul Legare FSIO), Received by (signature), Inspected by (signature).